CERTIFICATE OF DEATH

(151112)8 Reg. Diat. No. 218

CERTIFICA	Reg. Diat. No. See
1. PLACE OF DEATH County County City or town (If outside city or town limits, write URAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Cecil R. Barnette	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 19. 4 8, 21. 3: 77 Am
6.(b) Name of husband or wife	and that I last saw halive on
9. Birthplace	Due to
12. Name	(Include pregnancy within 3 months of death) Major fiedings of operations. Date of op.
Address 17. David Date fhereof. (pdonth) (day), (year) Cemetery or cramatory. (pdonth) (day).	PHYSICIAN: Please ooderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Control Williams Garding 16. Funeral director Such Sachury Address Sailhurbury 19. May (Date recy by registrar) 18. 4. 5. Clauda Sachury Registrar	Injured at home, farm, Industry, public place (where?) Mesons of Injury Injured at work? 23. SIGNATURE

RESERVED FOR BINDING

MARGIN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

VS A15 9-45



A15

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PLEA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05108 920

	Reg. Dist. No.
City or town. (If outside city or town limits, write RURAL and give, neares	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: M. S. Marcel Hospital Burkers M. B.	Street No. 5030 Geronimo Road
How long In hospital or institution?diedon.arrival	(If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Edward Be	ateman
4. Sex 5. Fold or race 6.(a) Single, married, widowed, or div	worced MEDICAL CERTIFICATION 20. DATE DE DEATH MANY 19 1 7:50 Pm
6.(b) Name of husband or wife Mildred Bateman	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from
6.(c) If alive, give age	
1. Bith date of deceased (mo., day, yr.) October 12, 18914	Immediate cause of death
o. AGE:	Valvular Heart Disease
	Aortic Stenosis
9. Birthplace	
10. Usual occupation Painter	Due to
11. Industry or business	
12. Name BATEMAN, Joseph T. 13. Birthplace Va.	A CONTRACTOR OF THE CONTRACTOR
HASSLIP, Carrie	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Va.	Date of op.
16. Informant wife: Mrs. Mildred Bateman	Autopsy results
Address Berwin, Md. burial (Burial, cremation, or removal. Which?) Date thereot. May 14. (month) (day)	
Cemetery or crematory Arlington National	Where did injury occur?
Location Arlington, Va.	Injured at home, tarm, industry, public place (where?)
18. Funeral director. W. W. CHAMBERS L. E. J.	Means of injury Injured at work?
Address Riverdale, Md.	track 1. Brownhait M. V.
19	ON Registrar Address

RECEIVED MAY- 13-1948

ADING INK. Supply every item of information carefully. The co-Physicians: please write the causes of death clearly and legibly.

important.

WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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4	73	£20.	

05100

Reg. Dist. No.

U	UL	
	3	216
	\$	10 P

1. PLACE OF DEAT	ru: Montĝome	ry		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)	
Cily or town(If out How long in above place of Hospital, institution, or st NAVA	Bethesda Iside city or town I It death?	(rural) days death occurre AL, Be	URAL and give nearest town) t: thesda, Md.	State Md. County Montgomery. City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town) 2725 Washing ton Avenue (If rural, give LOCATION)		
How long in hospital or li	nstitution?		3 days	2.(a) It veteran, name war		***************************************
3. (a) FULL NAME BEHRE	CNS, Charl	Les Wil	liam		3. (b) Social Security	Number
	5. Color or race W-US	6.(a)Sing	e, married, widowed, or divorced widowed	MEDICAL C 20. DATE OF DEATH 14 May	ERTIFICATION	, at 10:10I
7. Birth date of			c) If allve, give ageyeare	21. I CERNIFY that death occurred on the date ab 11 May 19. and that I last saw h. im. alive on	ove stated; that lattended decea 48 to 14 May 14 May	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
deceased (mo., day, yr.) Meay	5, 186	It less than one day	Immediate cause of death		OURATION
8. AGE: Years 87	0	9	hre min.	Coronary Heart Diseas		
1D. Usual occupation 11. Industry or business	unempl	oyed.	state)	Due to Generalized Arteri Due to Generalized Arteri		
12. NameB			XXV	Broncho Pneumonia (Include pregnancy within 3		
14. Maiden name	SICK, De	nmark	dec.	(Include pregnancy within 8	•••••	
			F. Behrens , Chevy Chase, Md	Antopsy results	which death should be charged	statistically.
17 burial	or removal. Which	. Date the	5- 18-48 (month) (day) (year)	22. VIOLENCE: It death was due to external ca Accident, suicide, or homicide	Date ot	
			riah	(City or town) Injured at home, tarm, Industry, public place (v		
			00	Meens of Injury	Injured at work?	
			Bethesda, Md.	Far	red	
19. 5-15 (Date rec'd by regi	19.48	Mary	Patterson Registrar	23. SIGNATURE T. F. VARRET	T, CDR MC US M.	or other -15-48

MAY 18 1948

PLEASE.

5-20

(Date rec'd by registrar)

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimor

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Reg	D:	-1-	N				216	

Date signed 5-20-48

USNH Bethesda, Md.

CERTIFICATE OF DEATH

	2		Neg. Dist. No.		
1. PLACE OF D	EATH:	me ry	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or lown(If	Bethesda f outside city or town lin	n (rural) mits, write RURAL and give nearest town) month, 19 days	State County Washington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 1215 12th St., N.W. (If rural, give LOCATION) WWI		
Hospital, Institution, US 1	or street address where the Naval Hospit	tal, Bethesda, Md.			
How long In hospital	or Institution?	month, 19 days	2.(a) If veteran, name war.		
3. (a) FULL NA!	ME BL	AUSSER, Verne	3. (b) Social Security	y Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	W-US	married	20. DATE DF DEATH	, al 81 A	
		argaret Blausser	21. I CERTIFY that death occurred on the date above stated: that I attended de la April 19. 48, to 20 May	ceased from ay 19 48	
7. Birth dale of deceased (mo., da)	Janus	ary 19, 1897	and that I last saw h im alive on 20 May		
8. AGE: Yes		Days If less than one day 1min.	Broncho communica	2/	
9. Birthplace	India: (Town, GOV)	county, and state) ernment (Civil Service).	Due 10. Hemachramatosis		
11. Industry or busin				****	
12. Name	BLAUSSER, W.	. M. dec	Dither conditions		
13. Birthplace Inu. 14. Maiden name YEAGER, Melissa Va.			(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Wife: Mrs. Margaret Blausser			Autopsy results		
Address 1215 12th St., N. W., Wash., D.C. 17. burial (Burial, cremation, or removal. Which?) Date Ihereof. 5-21;-18 (month) (day) (year)			Accident, survival, or monitoring		
Cemetery or crem	atory Arlin	gton National	Where did injury occur?	(State)	
		Va.	Injured at home, farm, Industry, public place (where?)		
		nambers M. K. Wade	Means of Injury Injured at Ork?		
		St., N. W., Wash, D.C.	W. A. DINSMORE, Jr.	LCDR MC !	

Registrar

Address.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: (If outside city or towy limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred (If rural, give LOCATION) How long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 4. Sex 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: 10. Usual occupation... 11. Industry or business 12. Name...... 12. Name..... (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name..... PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide,..... (Burial, cremstion, c Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

MAY 19 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05112

	Reg. Dist. No.
y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Manual Tark City or town	Slate County Montgomery City or town Takona Park (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, Institution, or street address where death occurred: 123 Anne Street	Street No. /23 Come Street (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME SOHN DOUGLAS BRADSH	YAW, Tr. 3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. May 2 / 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife	21. I CERTIFY that death occupied on the date above stated; that I attended deceased from 19
deceased (mo., day, yr.) Telervary 9, 1942	Immediate cause of death
8. AGE: Years Months Days If less than one day Months Days If less than one day	Bruko Johnman 7 1
9. Birthplace Washington, D. C. (Town, county, and state)	Due to
10. Usual occupation. Student 11. Industry or business at Home	Due to
12. Name Stayord, Viginia	Other conditions
14. Malden name alecena White 15. Birthplace Washington, D.C.	(Include pregnancy within 3 months of death) Major fiedings of operations
2 15. Birthplace Washington, D.C.	Date of op.
16. Informant J. Douglas Brodshaw Bakona Puck. Md.	Actorsy results
Address 123 Carne Street Saturation. 17 Burial Bale thereof May 24 1948 (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. La	Whera did injury occur?
Location Webster DI + Brok Creek Ch. Bashington DC	Means of injury tnjured at work?
Address 254 Course Of New Jakosta Park DC 1	Fruit & Begorhack M. S.
19. May 2/ 19 48 Registrar (Date rec'd by registrar)	Address Jastin L. D. Or other Address Jastin L. Date signed S. J. 24. J. S.



VS A15

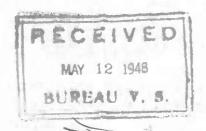
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(15113 Reg. Dist. No. 216

	108. 2100. 1100
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Montgomery City or town Bethesda
How long in above place of death? 8 months Hospital, institution, or street address where death occurred: Subuxban Hospital How long in hospital or Institution? # hours	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 5202 R005evel+ 5+ (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Cyril Oliver Bratley	3. (b) Social Security Number
Mak Solve Married Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. MAY 9 1948 314:15 A.
6.(6) Name of husband or wife Eleanor Bratley 7. Birth date of deceased (mo., day, yr.) September 1, 1903	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4. 1. 10. 11. 11. 11. 11. 11. 11. 11. 11.
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace WICh ITA KANSAS (Town, county, and state) 10. Usual occupation 11. Industry or business U.S. Dept. of Agriculture	Due to Pleanete feel Die
12. Name Jesse H. Bratley 13. Birthglace Wisconsin	Other conditions
15. Birthplace Illinois 16. Lifermant Mrs. Eleanor Bratley	Major findings of operations. Date of op. Aniopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 5202 Roosevelt St. Bethesda 17. Durch (Burial, cremation, or removat. Which?) Cemetery or crematory I.L. Linguist Commissions Commissions	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide
Location 320 Blade 48 being Ph	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Misens of Injury Injured at work?
Address 291/4xy M. 19. Sym 5 Jole (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE



PLEASE.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

U5114 Reg. Diat. No. 2 17

1 PLACE OF DEATH: Monla	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Olney (If outside city or town limits, write RURAL and give nearest town) Street No. Old Baltimore Rd. (If rural, give LOCATION) 2.(a) If veteran, name war		
City or town			
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 5 / 13 / 4.5 21 31:30 / 4.1		
6.(b) Name of husband or wife Walter G. Bronson 6.(c) If alive, give age	21. I CERTIFY that death/occurred on the date above stated; that I attended deceased from 19.4. 7. 10. 5. 12. 19.4. 7.		
8. AGE: Years Months Days If less than one day	Immediate cause of death Chronic Proposition (Company)		
93 0 5	Due to.		
12. Name Frank Fenner 13. Birthplace Bristol, R. I.	Dther conditions		
f4. Maiden name Mary Brooks 15. Birthplace New York State	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Actorsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
16. informant Mrs Robert F. Melne Address Olney, Maryland.			
17. Burial Date thereof May 15, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Floral Park	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Jøhnson City, New York 18. Funeral director Warner E. Lumphrey Inc.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
Address 8434 Ga. Ave. Silver Spring, Md.			
19.5 15- (Date red by registrar) 1948 Gertrude B. Lawler Registrar	23. SIGNATURE M. D. or other Address Date signed 5/1.3/4.5		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1511.5) Reg. Dist. No. 216

1. PLACE OF DEATH: County Montgomery City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 26 years Hospital, institution, or street address where death occurred: 6412 Ridgewood Avenue, How long in hospital or institution? None	(If outside city or town limits, write RURAL and give nearest town) Street No. 6412 Ridgewood Avenue (If rural, give LOCATION) None 2.(a) If veteran, name war.		
3.(a) FULL NAME Claire Brown	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. MAY 2 3 19 48 at 8:50 Am		
6.(b) Name of husband or wife Harry J. Brown 5.(c) If alive, give age 70 years 7. Birth date of deceased (mo., day, yr.) February 11, 1875	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 42 to May 2 2 19. 45. and that I last saw h. E.R. alive on		
8. AGE: Years Months Days If less than one day 73 73 3 12 hrs. min.	Immediate cause of death DURATION BRONCHIO PINCUIMONIA 4 NAYS LEFT LUNG BOTH Lobes		
9. Birthplace Baltimore, Maryland (Town, county, and atate) 10. Usual occupation. Housewife 11. Industry or business None 12. Name. J. Arthur Rigby. 13. Birthplace Baltimore, Maryland	Due to Due to Other conditions PARKINSONS DISCASE 6.4R.S.		
14. Maiden name Zoe Bunting 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Mr. Brown Address Chevy Chase, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Cremation Date thereof May 25 1018 (Burial, cremation, or removal, Which?) Cemetery or crematory Cedar Hill Crematory Location Prince George County 18. Funeral director Level Security	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral director Address Bethesda, Maryland 19. 5/26 19.48 7m E Julies Region	23. SIGNATURE Self School Self M. D. or other 4828 Chevy chase or M. D. or other Address 4828 Chevy chase 15, M. Date signed 5-23-48		

JUN 3 1948
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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

, Baltimore 83

	05116.	
Reg.	Diat. No. 216	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery	(For newborn infants give residence of mother)
City or town	State Maryland County Montgomery
How long in above place of death? 1 year, 11 months	City or town
How long in above place of death?	Street No. 4312 Lynnbrook Drive
4312 Lynnbrook Drive	Street No. 41 212 1 VIIII OUA DI 1 V C
How long in hospital or institution?	2.(a) If veteran, name war. NO
3. (a) FULL NAME	
	3. (b) Social Security Number None
CAROLINE MAGDALEN	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 35
Famale White Married	2D. DATE OF DEATH 1978 NO F
6.(b) Name of husband or wife Lawrence P. Cain	21. I CERTIFY that death occurred by the date above stated; that I altended deceased from
	February 19 48 10 May / 1948
7. Birth date of	and that I last saw h. en alive In may 1 19 48
deceased (mo., day, yr.) December 24, 1888	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	immediate cause of dealth of the control of the con
59 4 7hrsmin.	Course work of the
s. Birthplace Boston, Massachusetts	
(10wh, councy, and memce)	(Internacelerous 5+4ms
10. Usual occupation Housewife	
11. Industry or business Home	Due to.
11. Industry of pusiness From E Lynch	Condus Failure 4hrs
	Diher conditions
13. Birthplace Treland	(Include pregnancy within 5 months of death)
置 14. Maiden name Ellen A. Bresnaham	Majur findings of operations.
15. Birthplace Boston, Mass.	Date of op.
16. Informant Lawrence P. Cain	Autopsy results
Address 4312 Lynnbrook Dr., Bethesda, Md	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
6 3 0 1 0	22. VIOLENCE: If death was due thexternal causes, fill in the following:
Shipment May 3, 1948 (Burial, cremation, or removal, Whieh?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Dorchester, Massachusetts	Where did injury occur?
Location Dorchester, Massachusetts	Injured at home, farm, Industry, public place (where?)
1001/1/1/1/1/	Misans of Injury Injured at work?
18. Funeral direct 0 - Of enven Burnshuly	6.10 / / / / / /
Address Bethesda, Maryland	attachent sen M.D.
5/3/48 mt. 0.	M. D. or othey
19	Address 1007-25t. N.W. Date signed 9/2/40

MAY 6 1948

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DEATH: County Montgomery			2. USUAL RESIDENCE (H (For newborn infants give	OME) OF residence of m	DECEASED:	^	
City or town. (If outside city or town limits, write RURAL and give nearest town)			state Maryland	Coun	P.(0.	
City or town(If	outside city or town	imits, write R	URAL and give nearest town)	City or town(If outside city of	ege Parl	C	
How long in above place	e of death?	days					
Hospital, Institution, o	r street address where	death occurred	:	Street No. 7303 Yale	Avenue	3	,
			sda, Md.		If rural, give l	OCATION)	
How long in hospifal o	r Institution?	6	days	2.(a) if veteran, name war	MMT		,
3. (a) FULL NAM	E		ephen Francis			3. (b) Social Security N	lumber
4. Sex	5. Color or race		e, married, widowed, or divorced	MED	ICAL CE	RTIFICATION	
_							7.20
male	W-US		married	20. DATE DF DEATH			
			eron	21. I CERTIFY that death occurred to May	on the date abov	e stated; fhat I attended decea 18 to 10 May	ned from
		6.(e) If alive, give ageyears	and that I last saw h im alive	08	LO May	1948
7. Birth date of deceased (mo., day,	yr.) Jui	ne 26,	1898	Immediate cause of death			
8. AGE: Year		Days	If less than one day	Thrombosis.	Corona	ry Artery	10 hrs.
0	49 10	14	hrsmln.				
26.2		1		Arterioso	lerosis	, Generalized	Indef.
9. Birthplace Md	(Town	county, and	state)	Nuc 10			
		Semri c	e	Diabetes,	Mellit	319	Indef.
	Inte	rnal R	OVENEA	Due to.			***************************************
11. Industry or busine	\$\$			Nephrosci	erosis	***************************************	"Tirder"
12. NameCA			dec	Other conditions			
13. Birthplace	X.	Md.		(Include pregna	7. b. 1 0		
ER	MacElwee	Rose	dec.				
14. Maiden name	1	a.	······································	Major findings of operations			
						Date of op	
16. Informant Wi	fe: Mrs. 4	lmie Ca	meron	Autopsy results	irmed.a	bove	
Address 73	303 Yale Av	re. Co	llege Park, Md.	PHYSICIAN: Please uuderline ti			Rausucany.
				22, VIOLENCE: It death was due			
burial Date fhereof 5-13-48 (Burial, cremation, or removal, Which?)			Accident, suicide, or homicide,		Date of		
Cemetery or crematory Arlington National			Where did injury occur?		(County)	(State)	
Cemetery or crematory Arlington, Va.			Injured at home, farm, Industry, p				
Location	ALTIUS COL	ya.	178		un c place (Wi	injured a work.	
18. Funeral director.	S. H. H	NES	JZR	Meane of injury	1/1/1/	were h.	
Address 290	ol llithSt.	N.W.	Wash.D.C.	23. SIGNATURE W. A.		RE, Jr., LCDR	MC USN
man C. (allerson			1				
19. 5-10 19. 48 Mary C. Calleson Mary C. Patterson Registrar			Address USNH Bethes	da, Md.	Date signed	5-10-48	



important.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) stateashington D. C. County (If outside city or town limits, write RURAL and give nearast town) 618 A St., S.E. Street No. (If rural, giva LOCATION) 2.(a) If veteren, name war.

MEDICAL CERTIFICATION

PLACE OF DEATH:

Now long in above piece of death?..... Hospitel, Institution, or street address where death occurred:

How long in hospital or institution?....

3. (b) Social Security Number

. (a) FULL NAME	CARS	on, Eu	gene Joseph	
male	5. Celer er rece	8,(a)Single	e, married, widowed, or divorced married	
(ô) Name et husband	er witeMrs		ha E. Ca _{rson}	
. Birth date at deceased (ma., day, y	r.) Se		r 9, 1903	
3. AGE: Years		Deye 27	If lese than one day	
1. Industry or business 12. NameCA 13. Birthplace	Guard Lib RSON, Euge	ene Mass.	ongress	
Addrees 618 Addrees 618	A St., S. al or ramoval Which? Arling rlington,	E., Date ther ston Na Va.		_
18. Funoral director Addrees 517	W. W. CI	S.E.,	Washington, D. C	

48

(Data rec'd by ragistrar)

Montgomery Bethesda (

U. S. NAVAL HOSPITAL, Bethesda, Md

(If outsida city or town limits, write RURAL and give nearest town)

22 days

20. DATE OF DEATH	6 May	19 48	3:54A
	th occurred on the date above stated; fl April 19 48 10		
and that I last saw h.	m alive on 6 May		19 48
Immediata cause of d Ade:	nocarcinoma, bron	chogeni c	OURATION
Due fo	***************************************	***************************************	
Due to			
Other conditionsP	ostoperative shoc	k	
	ude pregnancy within 3 months of di rationsAdenocarcin		nchogenic
		.Date of op	4-30-48
Autopsy resulta PHYStCIAN: Ptease	confirmed above	hould be charged	
22. VIOLENCE: tf de	ath was due fo external causes, fill in th	he following:	
Accident, sulcide, or h	omicide	. Date of	
Where did injury occu	(City or town)	(County)	(State)
injured at home, farm,	Industry, public place (where?)		
Meane of Injury	0 19	jured at work?	
	Icush	Mey	
23. SIGNATURE	R. N. SHELL	LEY, Co	• MC USN

Address USNH Bethesda, Md.

MAY 10 1948

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

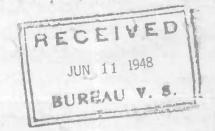
2411 N. Charles St., Baltimore

137a

CERTIFICATE OF DEATH

Reg. Dist. No. 797

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county mout gomery	(For newborn infants give psidence of mother)	
	State Maay Land County Thorne	rel
City or town A (11 outside city or town limits, write RURAL and give nearest town)	6. Lapinolo	
How long in above place of death?	City or fown	rest town)
Hospital, Institution, or street address where death occurred:	Street No.	
monta co Ten 1000 0-10	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Richard C. Cho	3. (b) Social Security	Number
4. Sex 5. Color or racs 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m w widower	20. DATE OF DEATH 19 48	300
Macacia Cond Clauber	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
6.(b) Name of husband or wife Margie Lord Clambers.	Dechmbr 17, 46 10 May	
	Man 19	48
7. Birth date of deceased (mo., day, yr.) Nov. 5. 1877	and that I last saw h /m alive on Man 29	192
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
70 6 24 hrs. min.	De-Nice	
	Sipticima	5 days
9. Birthpiace	Due to	
Barrier .	pyrlong hatis	5 days
10. Usual occupation	Due to	*************************
11. Industry or business		
12 Name William Chambers.	Other conditions artzrioscherotic heart dissasse	a mrs.
12. Name Utilliam Chambers.		
	(Include pregnancy within 3 months of death)	. ,
14. Maiden name. Catherine planty	Major findings of operations Senga pros varze	hyper-
€ 15. 8irthplace	triphy Date of op 5.	13-48
2d a settle Brands.	Autopsy results.	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Olines med	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial, cremation, or removal. Which? Date thereof (month) (day) (year)	Accident, suictde, or homitide	
(Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery or crematory	Where did injury occur? (City or town) (County)	(State)
Lacation Clarkswill mo.	Injured at home, farm, industry, public place (where?)	
20 Nec horling	Meens of Injury Injured at work?	
18. Funeral director		
Address Celluly City not	23 SIGNATURE Charles S. Whitak	6-19.0
10	M. D. o	or other
19. May 30, 19.48 Thurst Longham. (Date rec'd by registrar) (Date rec'd by registrar)	Address Clarks ville / 18 d. Date signed.	5-30-45



ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

r LAINLY, WITH UNF.

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

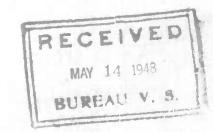
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05120

CERTIFICATE OF DEATH

Reg. Dist. No. 714

			108. 2151 110		
1. PLACE OF DE.	ATH: ntgomery		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			Slate Maryland county Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where t	lealh occurred:	Sireel No. 9702 Monroe St. (If rural, give LOCATION)		
How long in hospital or	Institution?		2.(a) if veteran, name war		
3. (a) FULL NAM		eorge V. Chandler	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white	married	2D. DATE DF DEATH May 1 19.48 21 8 P.		
6.(b) Name of husband	or wife Caro	oline W.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
		3.16.(c) If alive, give ageyears \$2. 1866	and that I have an it began in the same of		
8. AGE: Years		Days If less than one day 20hrsmin.	Immediate cause of death Congestive Heart Vailne 21 week		
9. Birthplace			Due to a hronic Myo Carolitis Genyla		
11. Industry or busines	ıs.		Due to		
Malcolm Chandler 12. Name Malcolm Chandler 13. Birthplace Canada			Diher conditions arteriosclerosis 5 years		
13. Birthplace Canada E 14. Maiden name Sarah E. Harding 15. Birthplace Mass.			(Include pregnancy within 3 months of death) Major findings of operations.		
15. Birthplace	Mass.		Date of op.		
16. Informant Mrs Caroline W. Chandler Address 9702 Monroe St.			Autopsy results		
17. Cremat	ion , or removal. Which?)	Date thereof May 14, 1948	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or cremate	ory	Prince George Co. Mo			
	Warner		Means of Injury to Injury to Injury to Injured at work?		
Address 8434	Ga. Ave	., Silver/Spring, M	23. SIGNATURE H. St. Howlett M.D. or other		
19. (Date rec'd by re	gistrar)	Believely School	Address 28 Sligo are Selver fring and May 12, 194		



PLEASE

A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

CERTIFICATION I	Reg. Diat. No.
1. PLACE OF DEATH: County Man 190 mery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown	State Mary and county Montgomery
How long in above place of death?	(If outside city or town limits, write RURAH and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. 2 7 MA TTY S.C. A. U. C.
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Hi Childr	<i>ess</i> 579-05-8476
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30
male white married	2D. DATE DF DEATH. 21 11 P. M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from 25 March 19. 48, to 8 Mary 19.48
7. Birth date of	and that I last saw h. Malive on 8 May 1948 19
deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day	Immediate cause of death DURATION
67 11 12hrsmin.	Raverese C
9. Birthplace alocation, county, and state	Due to palastasas.
10. Usual occupation Carpenter (retired)	Due to
11. Industry or business	
12. Name Thomas H. Childress 3. Birthplace albe marke Co, Va-	Other conditions
# 14. Maiden name Mary Clark	(Include pregnancy within 3 months of death) Same as about
15. Birthplace albemane Co. Va	21 Warch 1948
16. Interment Mrs - Richard Dupresidance	topupay results. hove performed.
Address Same-	THYSICIAN: Please underline the cause to which doubt should be charged statistically.
Burial Burial (Burial, cremation, or removal, Which?) Date thereof May 11, 1948 (month) (day) (year)	22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Remington Cemetery	Where did Injury occur?
Remington Virginia	Injured at home, farm, Industry, public place (where?)
1090 for the True by and	Means of Injury Injured at work?
Address Bethesda 14, Maryland	C/500 Nouseel 1. N
61 1110 am 6 10	23. SIGNATURE
19. (Date rec'd by registrar) Registrar	Address Subarbay Hospital Bate signed & Way 1948

MAY 13 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

30d

	05	122	216
Reg.	Diat.	No	

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	State Washington. D. C. County
City or town (If outside city or town limits, write RUKAL and give nearest town)	
How long in above place of death? 6 days	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: U. S. NAVAL HOSPITAL, Bethesda, Md.	Street No. 1115 6th St., N. E.
	(if rural, give LOCATION)
How long in hospital or institution? 6 days	2.(a) If veteran, name war.
3. (a) FULL NAME COATES, Charles Nathaniel	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Col US single	20. DATE DF DEATH May 14 19 48 21 4 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6 (A) If all ye give a pa	8 May 19 Lt8 10 1L May 19 Lt8
7. Birth date of deceased (mo., day, yr.) March 8, 1897	and that I last saw h im alive on 11 May 19 18
	Immediate cause of death.
o. Adl.	troumli anticanemym
51 2 6min.	
9. BirthplaceWashington. D. C. (Town, county, and state)	Due to Until annuym . Lys t
	Symitte - Pasitive & Selology X31
10. Usual occupationunemployed	Due to
11. Industry or business	
12. Name COATES, James dec.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name DERICK, Rebecca dec.	Major findings of operations
	Date of op.
16. Informan Aunt: Mrs. Henrietta Boom	Autopsy results. Same as above
Address 1.145 6th St., N.E., Washington, D. C.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
himial 5-18-48	22. VIOLENCE: If death was due to external causes, fill in the following:
17 burial Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Arlington National	Where did Injury occur?
Location Arlington, Va.	Injured at home, farm, Industry, public place (where?),
18. Funeral director. McGuire Funeral Homo Con-	Means of Injury DED Mured at work?
Address 1820 9th St., N. W., Wassington. D. C.	E. BILLMAN, Lt JG MC USN
19. 5-14 48 Mary C. Patterson	23. StGNATURE
19. (Date rec'd by registrar) Registrar	Address USNH Bethesda, Md. Date signed 5-14-48



PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

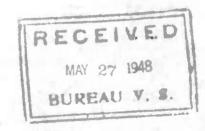
1310

05123

CERTIFICATE OF DEATH

eg. Dist. No. 216

PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D.C. State
3. (a) FULL NAME COLEMAN, James Robert	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Col. married	2D. DATE OF DEATH. 23 May 19 48 , at 1 A
6.(b) Name of husband or wite Willie Mae Coleman 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) June 16, 1899	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 April 19 48 to 23 May 19 40 and that I last saw h im alive on 23 May 19 40 Immediate cause of death Nephritis, Chronic Indexious
8. AGE: Years Months Days If less than one day	immediate cause of death. 14
9. Birthplace	Due to
13. Birthplace S.C. 14. Maiden name JACKSON, Luthenda dec 15. Birthplace S.C.	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment Wife: Mrs. Willia Mae Coleman Address 4960 Eads Pl., N.E., Wash., D.C. 17. burial Date thereof (month) (day) (year) Cemetery or crematory Arlington National Location Arlington, Va.	Antopsy results. CONFI rined above PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?)
18. Funeral director. W. Ernest Jarvis Address 11:32 U St., N. W., Wash., D.G. Address 12:32 U St., N. W., Wash., D.G. Many C. Patterson 19	Msens of Injury L.E. WATTERS, Jr., Lt. JG MC USN 23. SIGNATURE M.D. or other M.D. or other Address USNH Bethesda, Md. Date signed 5-24-48



CERTIFICATE OF DEATH

05124 Reg. Dist. No.

Montgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State		
County						
City or town						
How long in above place of death? 1 month, 13 days				City or town Detroit (If outside city or town limits, write RURAL and give nearest town) Street No. 1524 Rose Lawn		
NosoHal, Institution, or street address where death occurred:						
U. S. NAVAL HOSPITAL, Betheada, Md. Now long in hospital or institution? 1 month, 13 days				Street No. (If rural, give LOCATION) (If rural, give LOCATION) WW IT		
3. (a) FULL NAME				3. (b) Social Security	Number	
C	ONNELLY,	James	Hoban			
4. Sex Male 5.	Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Mola			married	M. 12 2 P		
				20. DATE OF DEATH May 13. 19.4.2.		
& (b) Name of husband or a	wite Mr	s. Este	r Connelly	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed trom	
				Ly med Example to	19	
7. Birth date of			c) It allve, give ageyears		19	
deceased (mo., day, yr.)	Dec	ember 3	0, 1904	Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	It less than one day	AMERICANO COMPANIA	4 '0	
43	h	13	hrsmin.	Bullet would in skull	· · · · · · · · · · · · · · · · · · ·	
	1				with the	
9. BirthplaceMic	nigan	eounty and	atate)	Due to		
1D. Usual occupation. Retired Naval Dental Officer						
10. Usual occupation.				Due to	***************************************	
11. Industry or business ;						
E 12 Name CONNELLY, Lawrence dec.				Other conditions Maniae Supresaure		
12. Name CONNELLY, Lawrence dec.				Randon	4 4400	
				(Include pregnancy within 3 months of death)		
불 14. Maiden name HEALY, Teresa dec				Major findings of operations.		
14. Maiden name HEALY, Teresa dec 15. Birthplace Canada				Dale of on.		
	· Mre	Fator C	onnelly			
16. Intermant wife: Mrs. Ester Connelly				Autopsy results	statistically.	
Address 1524 F	lose Law	n, Detr	oit, Michigan			
huri al		Botto Hon	5-18-18	22. VIOLENCE: It death was due to external causes, fill in the tollowing:	- 13.40	
17 burial	removal. Which	Date ther	eof 5-18-18 (month) (day) (year)	Accident, suicide, or homicide	A	
Compters or eremators	Arli	ngton N	ational	Where did Injury occur? B. Thes the Munity (County)	(State)	
Arlington, Virginia				Injured at home, tarm, Industry, public place (where?)		
Location			- 0 0	Meens of Injury 2 2 Cal Seistal Injured at work?		
18. Funeral director	W.W.	Chamber	s Co. a.P.		40.27	
Address 1400 Ch				Frank J. Brose Lant	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Mary		23. SIGNATURE	or other	
19, 5-16	1948	Mary		esitting met	571174	
(Date rec'd by regist	rar)	V	Registrar	Address		

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

126

CERTIFICATE OF DEATH

(1512) Reg. Diet. No. 217

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County MONTG OMEKY	
City or town OLNEY	State Mary land county Mart Jensey
(If outside city or town limits, write RURAL and give nearest town)	Work "10 PT#1
How long in above place of death? 3.5 deary	City or town. (If outside city or town limits, write RUBAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
montgamen Co Theneval Sopilal	Sireet Ho.
	(If rural, give LOCATION)
How long in hospital or Institution? 35 olars	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	5. (0) Sucial Security Mamber
WILLIE CONNELLY	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
E /1/ gas .	
F Wh Mamed	20. DATE OF DEATH. May 18 19.48 21. 1:12.P. M
6.(b) Name of husband or wife WALLACE CONNELLY	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(6) Name of husband or wife	
8.(c) if alive, give age 52 years	april 13, 1948, 10 Topicly 18, 1944
7 Right date of	and that I tast saw h. Lot. alive on
deceased (mo., day, yr.) September 19, 1895	
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
52 0 0	Intestind Obstruction 22 days
32 8 0hrsmin.	
CALTHERSAID, MANTIANTER MARKE	
9. Birthplace GAITHERS OVR 6 MONTLOMERY MARYLAND	
11	and a comment of
10. Usual occupation	Due to Disordenal where ? Harre
11. Industry or business	
E 7 90.10	O+ VT TI
E 12. Name	Other conditions & Steere Haston - entereding 22 days
\$ 13. Birthplace Travillah, manyland	exmostime / day
	(Include pregnancy within 3 months of death)
= 14. Maiden name taa Warot	Major findings of operations Profession Stemma des to
15. Birthpisce Faithers burg mary land	011 1 1 1 1 1 1 2 46
a de la distance di l	OX U Olymore and Viller Bate of op. T. T.
18. Informant Patient & Wallace Connelly	Autopsy results.
0 1-11 41. 0 1 1	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address Kochville #1 Manyland	22. VIOLENCE: 11 death was due to external causes, fill in the following:
17 Bureal Date thereof 12 21 1948	
(Burial, cremation, or removal. Which?) Date thereol	Accident, suicide, or homicide
Cemetery or crematory. Daniel Journ	Where did injury occur?
Control of Cremetory	
Location	injured at home, farm, industry, public place (where?)
18. Funeral director N	Means of injury Injured at work?
Address Sethersh M.	MAD. 1
Se du A a PM	23. SIGNATURE M. D. or other
10 May 18 1848 Should fawle	1 1 24 = 1 7 2 1 2
19. (Date rec'd hy/registrar)	Address Date signed



9-45-15M

A-15 NS

Evidence for change of age MARYLAND STATE DE and birth date: shown on: 2411 N. Charle 2412 M. C. L. 1 2 6 MAY 27 1948 CERTIFICAT	ea St., Baltimore 93d 216
1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State. Washington D. C. Couoly. City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 1310 S St. S.E. (If rural, give LOCATION) 2.(a) It veteran name war.
3. (a) FULL NAME	3. (b) Social Security Number
CORCORAN, William Joseph 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH 7 May 19 18 21 9:15 Re
6.(b) Name of husband or wife Ruby Corcoran 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from 20 April 19 48 to 7 May 19 48 and that I last saw h im alive on 7 May 19 48 Immediate cause of death Asymptotic Careful DURATION
8. Birthplace	Due to
12. Name. CORCORAN, Peter dec. 13. Birthplace Scotland 14. Maiden name. WELSH, Mary dec. 15. Birthplace Scotland 15. Istermant. Wife: Mrs. Ruby Corcoran	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
Address 1310 S., St., S.E., Washington, D. C. 17. burial Bate thereof 5-11-18 (month) (day) (year) Cemetery or crematory Arlington National	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director Simon's Brothers Funeral Home. Address 2007 Nichols Ave., S.E., Wash. D.C.	Means of injury Injured at work? 23. SIGNATURE. W. J. JAMES, Cdr. MC USN USNH Bethesda, Md. Address. Date signed. 5-7-48

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MAY 11 1948

1. PLACE OF DEATH:

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

05127

County	City or town (lif outside city by town limits; write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
JOHN W. COTTER	
Male White Married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH
8.(b) Name of husband or wife Catherine C Flales 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of doceased (mo., day, yr.)	and that I last saw have alive on 2005 19 44.5.
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION 6 moo.
9. Birthplace Belle for faire O fast	Due to
10. Usual occupation	Due to
12. Name William Cottes 13. Birthplace Bellefontaines Ohio	Dther conditions
14. Malden name Makegorst Mulwihill 15. Birthplace Unprogram	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Certificate of Baptism	Autopsy results.
Address	PHYSICIAN: Flease underline the cause tu which death should be charged statistically.
17. Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, flil in the following; Accident, suicide, or homicide
Cemetery or exemptory MT Oliver On	Where did injury occur?
h. d. el 1/1 2 1 1/4	Means of Injury Injured at work?
Address 6 41-1+ St ME. Hoch O.C.	23. SIGNATURE L. a. Comor M. D.
19. may 6 19 4 8 Josepherale Shaeff Registrar	Address 2 0 2 6 - 16 = 8, 3, 25. Date signed 5/5/48.
	Washington 9, D. E.

RECEIVED

MAY 8 1948

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05128 Reg. Diat. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomen	
City or town	State
How long in above place of death? Lycar 4 months 7 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No Kennedy Warren aptr.
Washington Santarium 105 pital	(If rural, give LOCATION)
How long in hospital or institution? A yeller of months I day a	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mrs 9 . Lective Cov.	and brane
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale White Widow	711 10 10 145
Temote WM 12 WIGOW	AND WAIT OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	Jan. 11. 1948, 10 May 18 19 48
7. Birth date of	and that I last saw h alive on May 17 19 48
deceased (mo., day, yr.) Vetober 18-1881 8. AGE: Years Months Days If less than one day	Immediate cause of death
0. AGE.	Conspessive Carriere Taillire Junio 4
66 9 —hrsmin.	A A
9. Birthplace Shenendech, YEnna	Due to Cerhopio of the Kiner the few:
(Town, eounty, and otate)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Samuel Leckie 13. Birthplace Scotland	Other conditions
13. Birthplace Scotland	(Include pregnancy within 3 months of death)
14. Maiden name Katharine me clellan	(Include pregnancy within 3 months of death)
	Major fiadiogs of operations
S 15. Birthplace Scotland	Date of op.
16. Interment Samitarium Records	Autopsy results
Address Takony Park Maryland	
Repural Bat Harret 5/20/48	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Association Alas	Injured at home, farm, Industry, public place (where?)
JAM 02	Means of Injury injured at work?
1B. Funeral director	6111-11
Address 2901-14 15. M. V.	1 Coherta Harelub.
MAN 15 48 AMARIAN POTAN	23. SIGNATURE
19. (Date rec'd by registrar)	Address Lakoma / ark Ma Date signed 5/18/40



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Noe is especially important. Physicians: please write the causes of death clearly and legible

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

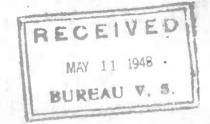
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Reg. Dist. No ...

CERTIFICATE OF DEATH

1. PLACE OF DEA		tgomery	2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
Bethesda (rural)		StatWashington, D. C. Cou	nty	******	
City or town(If ou	staide city or town lim	its, write RURAL and give nearest town)			
How long in above place o	of death?	l days	City or town(If outside city or town limits	s, write RURAL and give neare	est town)
Hospital, Institution, or	street address where de	eath occurred: AL, Bethesda, Md.	Street No. 19 K St., N.	_W_	
		/ daire	(If rural, give	LOCATION)	V
How long in hospital or	Institution?	1 00,00	2.(a) If veteran, name war		······································
3. (a) FULL NAME				3. (b) Social Security N	umber
	CUF	RRIN, Crawford			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male W-US	W-US	married	20. DATE OF DEATH 9 May		5.51 4 .
		1			
6.(8) Name of husband o	or wife	Mary Currin	21. I CERTIFY that death occurred on the date abo	148 to 9 May	ed from
***************************************			and that I last saw h im alive on	9 May	
7. Birth date of deceased (mo., day, yr	Septer	mber 11, 1890		_	
8. AGE: Years	Months	Days If less than ona day	Immediate cause of death	0-140	DURATION
5	n 4	75min.	(Clinical)	u)	
			31	(D) (T)	
9. Birthpiace	•C •	ounty, and atate)	Due to		***************************************
	Proker	nan	alslose	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******************
			Due to		********************
		n Terminal Railroad			
12. Name CURI		dec	Dther conditions		********************
13. Birthplace	N.C.		(Include pregnancy within 3	months of death)	
14. Maiden name 15. Birthplace	HOWARD. 1	Mary Frances dec			
TO 45 Simboloos	N.C.		Major fiediogs of operations		
		2	Aotopsy resolts. Mot often	Date of op.	
		ary Currin	PHYSICIAN: Please underline the cause to w	hich death should be charged at	tatistically.
Address 19 K	St., N. W.	Washington, D. C.	22. VIOLENCE: If death was due to external cau		
17. buri	al	Date thereof	Accident, suicide, or homicide		
Cemetery or cremator	, Arling	ton National	Where did Injury occur?(City or town)		
LocationA	rlington.	Virginia	Injured at home, farm, Industry, public place (w	here?)	
		MBERS P.J.K	Means of Injury	Injured at work?	
			1.E. XIE	28	**
	1th St., S		23. SIGNATURE F. E. WI	ETDEL, Lt MC US	
5-9	19 48	Mary Patterson	Address USNH Bethesda, Md.	M. D. or	5-9-48
(Date rec'd by rec	rietrar)	Registrar	Address UDITE DOUTED AND MAN	Date signed	



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WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

		CLRITICAL	L OI DEATH	Reg. Dist. No.
	Betl	tgomer y Tesda (rural)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:
How long in above place Hospital, institution, or U.S. NAVA	of death?	L, Bethesda, Md.	City or town	write RURAL and give nearest town)
3. (a) FULL NAM	E DA	RBY, Andrew		3. (b) Social Security Number
4. Sex male	5. Color or race	6.(a)Single, married, widowed, or divorced married		RTIFICATION P
	· Anwil	srice Darby 6.(c) If alive, give age years 25, 1897		.48 10 7 May 19 48 7 May 19 48
8. AGE: Years		Days If less than one day 12min.	niphitis, O	bronic & indy.
10. Usual occupation.	Cook ss RBY, James	county, and state)	Due to	on orbinal in by
HLOW 14. Maiden name.	Va.	trice Darby	(Include pregnancy within 3 m	
Address 1610		We Washington, D. C. Date thereof (month) (day) (yesr)	PHYSICIAN: Please uoderline the cause to wh 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	ses, fill in the following;
Location	Downings,	& Shhey M. W., Wash., D.S.	Injured at home, farm, Industry, public place (whe means of Injury	Injured at work? Lt. MC USN
19	19 48	Mary G. Patterson Registrar	USNH Bethesda, Md.	M. D. or other 5-7-48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

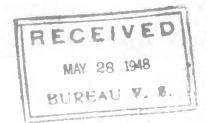
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05131

CERTIFICATE OF DEATH

Reg. Dist. No. 218

	Reg. Dist. No.
County Montgomers	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Management of the country of the c
City or town (If outsidecity or town limits, write Reflect por give nearest town) How long in above place of death? Hospital, Institution, or street address where Beath occurred:	City or town (if outside city or town limits, write RURAL and give no test town) Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Yohn H Day	5. (0) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widows, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH MAY 24 19 48 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Mex 23 - 187 3	and that I last saw h
8. AGE: Years Months Days If less than one day	Am
9. Birthplace Town, county, and state)	Due to will suite sless year
1D. Usual occupation	Due to
11. Industry or business 12. Name 13. Birthplace	Other conditions
13. Birthplace 14. Maiden name 15. Birthplace 17. Birthplace 18. Birthplace	(Include pregnancy within 3 months of death) Major fiediogs of operations.
5 15. Birthplace De seffond	Date of op.
16. Informations Williams my ord	Autopsy results
Address 17. Date thereof May (day) (year) (Burial, cremation, or removel. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or exemples	Whers did injury occur?
Location 1 0 3 1 7 0 month of 1 may	Injured at home, farm, Industry, public place (where?)
1B. Funeral director	World Liffer
10 May 25 1948 abrila & Corke	23. SIGNATURE M.D. or other M.D. or other
(Date record by registrar) Registrar	Address Date signed 3/24/40.



ly every item of information carefully. The correct write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

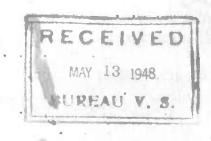
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my	0
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CERTIFICATE OF DEATH

Rag. Diat. No......

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Retherds (mire)	state Washington, D. C. Couoty
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 21 days	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: U. S. NAVAL MOSPITAL, Bethesda, Md.	Street No. 5610 New Hampshire Avenue, N. E.
U. S. RAVAL MOSTITAL, Bethesda, Md.	(If rural, give LOCATION) WWI
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
DE LA VERGNE, Asz Ward	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male W-US married	20. GATE DF DEATH 10 May 19 48 3:47P M
S (h) Name of husband or wife. Isabella De La Vergne	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(O) Praint of Massacra	19 April 19 48 10 May 19 48
	years and that I last saw h in alive on 10 May 19 48
7. Birth date of deceased (mo., day, yr.) January 15, 1883	Immediata cause of death
8. AGE: Years Months Days If less than one day	Carcinoma, metastatic, generalized 4 month
65 3 25hrs.	min.
Washington D.C.	mate Primary sett unknown.
9. Birthplace	
fD. Usual occupation Litholographer	Duate
11. industry or business Weather Bureau, Wash., D.C.	0.
F 12 Name DE LA VERGNE, Nathan dec.	Other conditions Birpay 4/8/48 at Seargetain
Md Md	There Had At separted as "Opablistic.
正 13. Birthplace	Univ Hoof De reported as "Chaplastic (include pregnancy within 3 months of death), I asserted
14. Maiden name THOMSON, Claudine dec. 15. Birthplace Washington, D. C.	Major findings of operations.
Washington, D. C.	Date of on
16. Informani wife: Mrs. Isabella De La Verne	Autopsy results. not obtained
Address 5618 New Hampshire Averashington, D.	
	22 VIOLENCE: It death was due to external causes. Till in the Tollowing:
17. burial Date thereof 5-13-1,8 (month) (day) (year	Accident, suicide, or homicide
[Flanwood	Where did injury occur?
Cemetery or crematory	Injured at home, farm, Industry, public place (where?)
Washington, D. C.	
18. Funeral director S. H. Hines	Meens of injury Injured at work?
Address 2901 14th St., NW, Wash., D.C.	H. R. COOVER. It. MC USN
man-t- alleron	23. SIGNATURE M. D. or other
19. 5-10 19. Mary C. Patterson Regi	atrar Address USNH Bethesda, Md. Date signed 5-10-48
(Date rec'd by registrar) Regi	MODITOR STREET, MARKET STREET, MARKE



2 July 10 July

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

U5134 218 Reg. Dist. No.

1. PLACE OF DEATH: County Montgomery City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Shington, Da. Co. Coucly City or iown. (If outside city or town limits, write RURAL and give nearest town) 5115 Livingston Road, S. E. (If rural, give LOCATION)		
How long in above piece of death?			
3. (a) FULL NAME DENYER, Richard "B"	3. (b) Social Security Number		
4. Sex Male S. Celer or rece W-US S.(a) Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH. 11. May 19. 48 21 8:35 A		
8.(b) Name at huebend or wife	21. I CERTIFY that death occurred on the date above etailed: that I etiended deceased from 13. May. 19. 48 to 14. May. 19. 48 and that I tast saw h imalive on 11. May. 19. 48 Imagint cause of death at alexander. DURATION		
8. AGE: Yeare Moothe Daye If less than one day 2 27hrehre.	Immediate cause of death attelectures DURATION of lungs-all loves		
9. Birthplece	Duo to Heft sided failure and thrackes whon clubs Other conditions Cachegia		
14. Malden same. TAYLOR, Margaret E. Utah	(Include pregnancy within 3 months of death) Major findings of aperations. Date of op.		
16. tolermant father: Mr. Walter T. Denver Address 5415 Livingston Rd., Washington, D. Ca burial	Antopsy results		
Location Prince George County, Md. 18. Funorel director. W. W. Chambers Addrese 517 11th St., S.E., Washington, D. C.	tnjured et home, farm, Induetry, public place (where?)		
19. 5-11- 19 18 Mary & Patterson (Date ree'd by registrar) Registrar	23. SIGNATURE A M MARGILETH, Lt. JO. MC USN M. D. or other Addrose. USNH Bethesda, Md. Oate signed 5-11-18		



BI REAU V. S.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 05135

Reg. Dist. No. 714

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced ARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19.48 at 9.45 A. M.
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.76. to 20.19. and that I last saw h. i.ro alive on 20.19. Immediate cause of death 20.19. Immediate cause of death 20.19. DURATION 2/2 9/5 Due to 2/2 9/5 Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Elevely - The Date thereol May 73 - 1948 17. (Burial, cremation, or reposal Which) (mynth) (day) (year) Cemetery of crematory - March Plumy - Male Survey - March Plumy - Male Survey - March Plumy - Male Survey - Male	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, Illi in the following: Accident, suicide, or homicide



Cemetery or crematory

(Date rec'd by registrar)

Address

PLEASE

1. PLACE OF DEA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

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(15136)

Reg. Dist. No.

MEDICAL	3. (b) Social Security Number	
MEDICAL DATE OF DEATH	more	*******
DATE OF DEATH	more	
DATE OF DEATH	CERTIFICATION	
DATE OF DEATH	CERTIFICATION	
	129 19.48 at 3	,00.
	above stated; that I attended deceased from	
CENTIFY THAT GEATH OCCUPTED ON THE BASE		18 5
that I last saw h. At alive on.	3/3	19.4
aediate cause of death	DI	JRATIO
Lorgestive	If-BATI-BAG 2	u
Anteriosel	040/12	
HEAR	1 115-058 3	40
to		/
41414		
er conditions		********
(Include pregnuncy within	8 months of deuth)	
or findings of operations	· · · · · · · · · · · · · · · · · · ·	
	Date of op	
opsy results	which death should be charged statistica	Ny.
VIOLENCE: tf death was due to external	causes, fill in the following;	
dent, suicide, or homicide		
re did injury occur?(City or tow	n) (County) (State)	
red at home, farm, Industry, public place		
ns of Injury	Injured at work?	
re did injury occur?(City or tow red at home, farm, industry, public place	n) (County) (State	e)



2411 N. Charles St., Baltimore

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05137

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: County Montgomery Cily or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) 9 months, 23 days Noepitei, inetilution, or atreat addrava where deeth occurred:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
			Steta D.C.e County					
			Steta				***************************************	
			Pitu on town	Washing	ton			
			(If	outside city or town	imits, write RUR	AL and give near	est town)	
			esda, Md.	Street No. 6677 Whitehouse Road, S.E.				
How long in hospitel or institution?			2.(a) It veteran, neme wer					
						umber		
4. Sax	5. Celer er reca	8.(a)Sing	ie, married, widowed, or divorced		MEDICAL	CERTIFIC	ATION	
male	W-US	W. L.	married	- A	10 May		8	9:20
			rothy Dutrow	21. I CERTIFY that daeth occurred on the date above eteted; that t attended dacasaad from 17 July 19 47, to 10 May 19 48				
			(c) If alive, giva ageyeer	and that I lead som h	im ellve on	10 .	May	19 1
7. Birth date of decacood (mo., decacood)	Janu	ary 16	, 1897				/	
	eara Monthe	Deye	t 11 lees then one day	Immediate cause of	reticulum	coll di	ffise	DURATION
o. Ada.			I reca then one coy	Sarcona,	Pe or curum	Cerre Gr	LIUSC	
5	51 3	1 4						
	THE TT-							
B. Birthplace		eounty and	state)	Due to				***************************************
	Caroma	i country, una						
1D. Uauet occupati	Guard			Oue to				
11 tadustes or hus	Potomac F	ower C	o., Wash., D.C.					
KI T	NITTO CITY Committee	ماذيب	dec.			====		
쒿 12. Name		le III. IIS	acc s	Dther conditions			***************************************	*****
₹ 13. Birthplace	Md.							
		Manna	at Jane dea	(Include pregnancy within 3 months of death)				
불 14. Meiden ne	me	Margar	et Jane dec.	Major findings of on	erations	***************************************		
14. Meiden ne 15. Birthpleca	l.	Id.		Major findings of operations				
					00mN	d aba	ete 01 0p	
16. Interment W	fe: Mrs. Do	rothy	Dutrow	Antepsy results	confirme	u above		
				PHYSICIAN: Please	underline the cause	te which death she	uld be charged at	tatistically.
Address 00	// Whitehous		S.E., Wash., D.C.	22 VIOLENCE, ILA	leath was due to axtarn	at ceusas. Ill in the	following:	
. buris	1	Data the	(month) (day) (year)	AA, VIOLENCE: II U		/	0.11	
(Burial, erema	tion, or removal. Which	?)	(moonth) (day) (year)	Accident, sulcida, or	homicide		Uete 01	
				Whera did injury occ	ur?(City or to			(Ctnta)
	matory							
Location	Forres	t Vill	e, Md.	Injurad et home, term	n, todustry, public ple	ce (where?)		
				Meene of Injury	C.a.h	Inju	rad at work?	
18. Funeral diracti	or Ritchie Br	others	YW. D	.	(0/1 h	1000	1.	
	er Marlboro		0 .1		C-11.			
Address UPL	AND THE PARTY OF CO.	Janua Inc	aust atterson	23. SIGNATURE	C. A. MEA	D. Jr. /1	T JG MC	USN
	-10 1.8	Ma						
19.	-10 18 48	, wa	ry (Patterson Registre	USNH	Bethesda,	Md.	Date signed	5-10-48
(Date ree'd b	y registrar;	TOGK LOCK O	Addioss			REIA SIPINGS		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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05138

CERTIFICATE OF DEATH

Reg. Dist. No. .. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) outside city or town limits, write RURAL and give nearest town (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: injured at home, tarm, industry, public place (where?) Msans of Injury 23. SIGNATURE.

PLACE OF DEATH: How long in above place of death? Hospital, institution, or street address where death occurred How long in hospital or institution? 3. (a) FULL NAME None 7. Birth date of deceased (mo., day, yr.) Months Days 8. AGE: 10. Usual occupation. tt. industry or business 13. Birthplace 14. Maiden na 15. Birthpiace 14. Maiden name Address Cemetery or crematory Potomac Chanel Cemetery Bethesda. Mary (Date rec'd by registrar)

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2411 N. Charles St., Baltimore

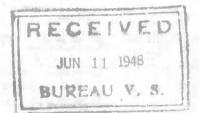
CERTIFICATE OF DEATH

LTH 46 6 (1513:)

Reg. Dist. No. 216

1. PLACE OF DEATH: countyMontgomery			2. USUAL RESIDENCE (HOME	O) OF DECEASED:		
			State New Jersey County			
City or townBethesda(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?						
How long in above his	ace of death? 4 1	/2 days	City or town Maywood (If outside city or town li	imits, write RURAL and give nearest town)		
Hospital, Institution,	or street address where	death occurred:	Street No. 37 Magnolia	Street No. 37 Magnolia Ave.		
Hospital, Institution, or street address where death occurred: Suburban Hospital		(If rural, give LOCATION) 2.(a) It veteran, name war				
How long in hospital or institution?						
3. (a) FULL NA	ME		3. (b) Social Security Number			
	FREDE	RICK GARMAN FELLING	ER	None		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Male	White	Widowed	2D. DATE OF DEATH 31 Man	19 48 3:20 6		
6.(b) Name of husba	and or witeIda.	J. Fellinger	0			
7. Birth date of			and that I last saw h 1 Wh. alive on	30 May 1, 48		
	y, yr.) October	r 127, 1875	Immediate cause of death			
8. AGE: Ye	ears Months	Days 7 Itless than one day	congestive to	heart		
7.	12 7	10hrsmi	Lailure, acu	te 4 days		
На	gerstown	Washington Maryla	n d Due to			
9. Birthplace.c.com	(Town,	Washington, Maryla	Urenia, a	cute 4days		
1D. Usual occupatio	Printer		Busha			
11. Industry or bush	ness		548 (O			
		linger	Malanance Malanance	y of abdommal ?		
	New York		manas (stomas	L'andliver)		
		th Common	(Include pregnancy withi	n 3 months of death)		
	me DITZabe	th Garman	Major findings of operations	hours type of granth		
15. Birthplace	Hagerst	JWII, M.C.	throughout Itomach +	enter Date of op 28 may 48		
	F.G.Kayho	o.e	Actopsy reselts. Www.c			
		St. Chevy Chase, M	PHYSICIAN. Please moderline the cause to	o which death should he charged statistically.		
			22. VIOLENCE: It death was due to externa	causes, till in the tollowing;		
17. Butia	lon, or removal. Which?	Date thereotJ.une 2	Accident, suicide, or homicide	Date ot		
	Glenwoo		Where did Injury occur?(City or tow	wn) (County) (State)		
			Injured at home, tarm, industry, public place			
Location	SHITHE COLL 'I	O.C.		Injured at work?		
18. Funeral director	W- Ne	ben Punphrey.	Means of Injury	minion at work!		
Address 75	57 Wis. Av	ve. Bethesda, Md.	Mail to	4 4 4 4		
	7 1120 111		23. SIGNATURE LOCKER	mary L. m.D.		

Signistrar Address 1332 Mass. Care.



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

WRITE

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VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

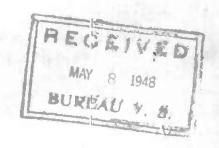
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No. 714

County 300 000 900 merry	(For newborn infants give residence of mother)
	State
(If outside city or town limits, water ORAL and give nearest town)	City or town
How long in above place of death?	
333	Street No.
How fong in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
Eleanor M. Fergus	3. (b) Social Security Number
	on 212-03-6865
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Pat run MEDICAL CERTIFICATION OF TARREST
Female White Married	20. DATE DE DEATH 21/2:45
6.(6) Name of husband or wife Warren T. Ferguson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	Tray \$ 19.48 10 may 5 19.48
7. Birth date of	and that I last saw has alive on the same of the same
deceased (mo., day, yr.) March 10, 1883	Immediate cause of death Control DURATION
8. AGE: Year Months Days If less than one day	Consider failer 15 day
62 1 25nrs. min.	
9 Rirthplace Oil City, Pa.	Due to CTC-Se Corrow 3 Au
(Town, county, and state)	Due to
10. Usual occupation Telephone Operatoe	
11. Industry or business Cep Telephone Co.	Due fo
# 12. Name Alfred Shopland	211000
	Dither conditions
3 13. Birthplace SCOTLIAND	(Include pregnancy within 8 months of death)
14. Maiden name Georgiana bouthan	Major fiodiogs of operations.
14. Maiden name Georgiana bouthan 15. Birthplace Virginia	Date of op.
16. Informant ROBERT A. FERGUSON	Aotopsy results.
	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
Address SILVER SPRINE, Md	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal, Which?) Bate thereof. MAY 7, 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory GLENWood (month)	
	Where did Injury occur?
Location WASHINGTON, D.C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Warner E. Pumphrey, Inc	Means of injury Injured at work?
	7/0//
Address Dever Spring, and	23. SIGNATURE STANDA () ogus Part
19. In an 6 19 48 Josepheren Ochaeffe	Address 5600 Clay R. S. Nate signed 700 48
(Date rec'd by registrar) Registrar	Address 9600 Ochy 12 State signed 200



		(160€
LE	DEPARTMENT OF HEALTH	

Health Officer, per.....

MARYLAND STAT CERTIFICATE OF STULABLE BIRRE & DISTRICT

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub) 2. USUAL RESIDENCE OF MOTHER: 1. PLACE OF BIRTH: State Washington, D.C. County Montgomery Bethesda (rural) County City or town..... (If outside city or town limits, write RURAL and give nearest town) City or town.....(If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution: Street No. 1343 Euclid St., N. W. US Naval Hospital Bethesda Md Length of mother's stay in County......l day....(How many years, or months, or days. SPECIFY WHICH) (If RURAL give LOCATION) 4. Date of birth May 7 1948 Hour 12:25 PM. 3. Name of child FLEMMING Baby Girl 7. No. of weeks pregnancy. 7½ months 5. Sex female 6. Twin or triplet -FATHER OF CHILD MOTHER OF CHILD 8. Full name FLEMMING, David J. 12. Full maiden name PETROSKI Helen 9. Color. W-US 10. Age at time of this birth. ?yrs. 13. Color. W-US 14. Age at time of this birth. 29 yrs. 11. Usual occupation Navy 15. Usual occupation housewife 16. Other children born to mother (not including present child): (a) How many children of this mother are now living?..... (b) How many other children were born alive but are now dead?..... (c) How many other children were born dead?..... 21. Cause of stillbirth. Please be specific. For terms like 17. Did child die before labor?..... During labor?..... prematurity, asphyxia, etc., try to add cause thereof: 18. Pregnancy, complications of..... (a) Fetal causes as hyvea - Congenial (b) Maternal causes Laconta 19. Labor: (a) Complications of (b) Induced? 20. (a) Was there an operation for delivery?....(Yes or No) I certify to the birth of this child who was born dead* on the date and hour above stated (b) State all operations, if any..... Signature .../((Specify if M. D., midwife, or other) (c) Did child die before operation? Address USNaval Hospital, Bethesda, During operation? 25. (a) 5-96 18 (b) 13 Mary 10. Patterson (Date rec'd by registrar) 23. (a) burial (b) Date thereof 5-11.7 & (month) (day) (year) (month) (day) (year) (c) Cemetery or crematory Arlington National (To be filled out if no physician was present at delivery.) 24. (a) Funeral director. Chambe rs PJK The above certificate has been examined by me.

* See Instruction C on stub.

(b) Address 3072 M Street N.W. Riverda le, Md.

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INTERNATION THE BUTCH THE WINDOW STONE STATE

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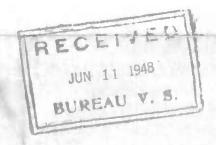
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



05142 17

CERTIFICA	ATE OF DEATH Reg. Dist. No. 27
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary land County Mantgamery City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME [Millian B. Trans	3. (b) Social Security Number 2/8-24-6937
Male Colored Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. May 5 194 5 13:/5-P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 19 2 3 hrs. 9. Birthplace Drinklow Montgomery Co. M. (Town, county, and state)	min. Jastus Dakull min.
11. Industry or business 12. Name Theodore Roosevelt Frazier 13. Birthplace Qaithers burg, Md.	Other conditions (Include pregnancy within 3 months of death)
14. Malden name Mabel ANNa hee 15. Birthplace Sandy Spring, Md. 16. Informant Theodore Possevelt Frazier	
Address Brinklow, Md. 17 Date thereof Manual (day) (year) (Burial, cremation, or removal. While) Cemetery or seaming find the Print Manual (day) (year)	PHYSICIAN: Please onderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director of W. Darber Address Of Monspille 1999	Means of Injury Jell Bon horse Hurd at work? Yer 23. SIGNATURE Track J. Broschart M. J.
19. 5 5 (Date fee'd by registrar) 1948 Gestrude B Law Regist	M. D. or other



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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05142

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: Tansans	2. USUAL RESIDENCE (HON	ME) OF DECEASED:	
County	······································	mada	ence
	State //	County Manyon	
(If outside city or town limits, write RURAL and give nearest town	city or town Jalliers	burg	
ow long in above place of death? 3.7. 29/16	outside city or to	wa limits, write BURAL and give	nearest town)
lospital, pictuation, of process address miles	Street No. Sebusy	Methodies Ho	me
ARBUM Melhodiso Home		ral, give LOCATION)	••••••
August and Indianal Control of the C	2.(a) If veteran, name war		
tow long in hospital or institution?	Z.(u) II reterall, fiame war		
3. (a) FULL NAME Jam Jugunia ga	Howay	3. (b) Social Securi	ty Number
4. Sex 5. Cold or wage 6. Col Single, married, widowed, or divorced	MEDIC	AL CERTIFICATION	
lemale unite midno		AL CERTIFICATION	- 40
female market	20. DATE DF DEATH	2 18 1992	3 2
1 Mallian aslana	21. I CERTIFY that death occurred on the		acassad from
8.(b) Name of husband or wife		010000	18- 5
6.(c) If alive, give age	1/ay - 11 -	3.7	19./
7. Birth date of Aug (- 1860)	and that I last saw h	407-11-	19
deceased (mo., day, yr.) 4444 -8 1080	Immediate cause of death		DURATE
8. AGE: Years Months Days If less than one day			
87 9 12 - hrs.	min Melle Sent	adune	4 4
D DO MAIL	and the same of th		2/2
9. Birthplace Ballmore, Sag.	Due to Due to	Legensa 1944	272
(Town, county, and state)	1 T 1 0	0,0	
10. Usual occupation famel - my	Mina ma	up persecy	7
Gove Dass	Oue to	ff	
11. Industry or business ADMA COM	- On I	far see a far	
12 Name Benjanin to 1949	Other conditions	enomalou	
E M.	doller		
		within 3 months of death)	
14. Maiden name Dorothy Schley 15. Birthplace Louth Carrying			
o Marth Carolina	Major findings of operations		
E 15. Birthplace		Date of op	
16. Informant Alexander M. Killen	Autopsy results		
A sethershind Man	PHYSICIAN: Please underline the ca	use to which death should be charg	red statistically.
Address Liming Xelq	22. VIOLENCE: If death was due to ex	sternal causes, fill in the following;	
17 Buthal Date thereof 5/2/14	8		
(Burial, cremation, or removal. Which?) (month) (day) (yes	/, '		
Cemetery or crematory Land Control Court Court	3 ee Where did injury occur?(City o	r town) (County)	(State)
Bollenine Bell	tnjured at home, farm, industry, public		
Location	(1) Meens of injury	injured of work?	
1B. Funeral director Fig. 12 Call Fig. 12 Ca	1 M	0 1 100	
and And Abus 4 min	d Vr. Wai	To Melle.	Sula
Address forces	23. SIGNATURE	4 man	4.0
man-19 .48 Mh. 1.14 Com	Le mittende	na and M.	D. or other
(Date red by registrar)	egistrar Address Juliani	Date sign	ed //8/9



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution? 2 months, 5 days	(If rural, give LOCATION) (WI 1
3. (a) FULL NAME	3. (b) Social Security Number
GARNER, Leonard James 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male W-US married	20, DATE OF DEATH. 27 May 19 48 21 10:50A.
6.(b) Name of husband or wife Mrs. May Garner 5.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) 11 October 1890	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22 March 19 48, 10 27 May 19 48 and that I last saw h imalive on 27 May 19 48.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
9. Birthplace England (Town, county, and atate) 10. Usual occupation Civil Service 11. Industry or business 12. Name GARNER, Francis J	Due to Colons Chester Chester
14. Maiden name GEE, Emelie dec.	(Include pregnancy within 8 months of death) Major findioss of operation. Major findioss of operation. Date of operation. Date of operation.
16. Informant wife: Mrs. May Garner N.W. Address 1467 Rhode Island Avewashington, D. C.	Actorsy resolts. A. O
17. burial Date Thereof G-1-48 (Burial, cremation, or removal, Which?) Cemetery or crematory. Arlington National	Accident, suicide, or homicide
Location Arlington, Virginia	Injured at home, farm, industry, public place (where?)
18. Funeral director W. W. Chambers Funeral Home Address 1400 Chapin St. N.W. Washington, D. C. 19. 5-27 19. 48 Mary C. Patterson Registrar Registrar	Means of injury Injured at work? R. K. SNADERMAN, Lt. JG MCR USNR M. D. or other M. D. or other
19. (Date ree'd by registrar) Registrar	Address USNH Bethesda, Md. Date signed 5-27-48

JUN 3 1948
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(15144 Reg. Dist. No. 226

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Montgomeny	(For newborn infants give residence of mother)
City or town Minits, write RURAL and give nearest town)	State Fary Comp.
How long in above place of dealh?3.8	(If outside city or fowy lamits, write RURAL and give nearest town)
Hospital, institution, or street address where teach occurred:	
V	Street No. (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) It'veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Frances M. Sauntlett	
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
Fremale While Married -	20. DATE DF DEATH. 200 29 19 48 21 4 2 M
6.(b) Name of husband or wife Frederic John Somather	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased trom
	December 19 47, to may 29 19 48
7. Birth dale ot deceased (mo., day, yr.)	and that I last saw h. M. alive on 2 2 2 19 19 18
	Immediate cause of death Ananyama & the DURATION
8. AGE: Years Months Days It less than one day	breast blat with millastasis
70min.	to lungs & mediastrum appropria
9. Birthplace (Town, county, and Salt)	Due 10.
(Town, county, and Sutt)	
1D. Usual occupation	Due to.
11. Industry or business	
= 12, Name Close Miles	Dther conditions
12. Hame Clinia Miles 13. Birthplace 11. 14	
	(Include pregnancy within 3 months of death)
14. Maiden name Chapatoth Bucons 15. Birthplace 10. 14	Major findings of operations.
E 15. Birthplace V M. 4	Dale of op.
16. Interment Frederick Holey Sauntlett	Antonsy results
a Signal of me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / le Pumsone of m. M. 1100	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) Dale thereot (month) (day) (year)	Accident, suicide, or homicide
Road Crack Compton	Where did latury occur?
Cemelery or cremalory	Where did injury occur?
Location Washington, Let-	Injured at home, tarm, industry, public place (where?)
18. Funeral director Martin M. Hysong Co.	Meens of Injury Injured at work?
Address 1306 N St. N.V.	23 SIGNATURE Charles 6. Law
5/29 48 m 300.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address 915 - 19 th SCh. W. Dale signed 5-29-48

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JUN 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1220

05145 Reg. Diat. No. 223

CERTIFICATE OF DEATH

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State New Lowe County
How long in above place of death? 1. Mis 14 days.	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 23 £ da a wood Hya
Washington Sanixarinin & Hospital:	(If rurol, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Gross, Louise C	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famala Whita Widow	20. DATE OF DEATH 5-24-48 19 213:40 A:N
	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	3-5 1948 10 5-24 1944
7. Birth date of	and that I last saw h. R.M. alive, on
deceased (mo., day, yr.) December 21, 1868	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Congestin & logal Harris 3
~ 79 5 3hrsmln.	A A COUNTY
8. Birthplace Was X er New York.	ove to Illowing Operation
(Town, county, and state)	Day Thomas I have
10. Usuai occupation	Que la
11. Industry or business	000 10
= 12. Name Phillip Crippen	Other conditions
13. Birthplace New York	
	(Include pregrancy within 3 months of death)
14. Maiden name Car of ine Piger low	Major findiogs of operations.
E 15. Birthplace New York.	Date of D. May 10 - 48
16. Interment Sanixarii Recards.	Autopsy results
Address Washington Sanifarin & Hospital	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which) [Burial, cremation, or removal, Which]	Accident, suicide, or homicide,
Cemetery or crematory Maple Grove Cemetry	Where did injury occur?
	injured at home, farm, industry, public place (where?)
Location Workster , Kens york	Meens of bajury injured at work?
18. Funeral director Certifur Walters	Manual or infact.
Address 254 Carrol St. Next, Jakens Back, De.	De Tolan YM HOURS
21 21 15 Attended St	23. SIGNATURE M.D. or other
10 Wan VY 19 4 1/ / / / / / / / / / / / / / / / / /	1 NV 1 - J 1 NV WIN 2-011-11



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In is especially important. Physicians: please write the causes of death clearly and legin

(Date ree'd by registrar)

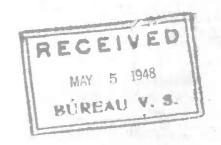
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05146

			CERTIFICAT	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County			hesda, Md. days	Streef No. 607 Virginia Avenue, S.E. (If rurai, give LOCATION) 2.(a) If veteran, name war. WWII	
4. Sex male	5. Color or race Col. US	6.(a)Single	, married, widowed, or divorced		ERTIFICATION 19 Lt8 21 7:10A m
8. AGE: Years Months Days If less than one day 29 3 11 hrs. min. 9. Birthplace Maryland (Town, county, and state) 11. Industry or business Cleaners, Elements Maryland 12. Name HALL, George dec. Md. Maiden name WARD, Minnie dec Md. Maryland Md. Maryland Md. Maryland Md. Maryland Md. Maryland Md. Maryland Md. Maiden name WARD, Minnie dec Md. Maiden name WARD, Minnie dec Md. Maiden name Maryland Md. Maiden name Maryland Md. Maiden name WARD, Minnie dec Md. Maiden name Maryland Md. Maiden name Maryland		and that I last saw him_alive on	48 to 2 May 19 48		
		Due to Mistary of having work Dither conditions and Nyper	raclarid with carbon tetracklands		
		(Include pregnancy within 3 m	phritis months of death)		
		Antopsy results.			
burial Date thereof (month) (day) (year) Cemetery or crematory Arlington National Location Arlington, Va. 18. Funeral director W. Ernest Jarvis Arlington, D. C.		22. VIOLENCE: If death was due to external cat Accident, suicide, or homicide	(Coupty) (State)		

USNH Bethesda, Md.



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05147

CERTIFICAT	E OF DEATH Reg. Diat. No.	
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Potomac	State Washington, D. C. Ounty Washington, D. C.	
Olly 91 10WII.	City or town Washington D. C. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Hospital, institution, or street address where death occurred:		
Pine View Rest Home	Street No37.00 Massachusetts Avenue, N. W	
How long in hospital or institution? 6 Months	2.(a) If veteran, name war. NO	
3. (a) FULL NAME	3. (b) Social Security Number	
Josephine R. Hallinan	None	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Divorced	20. DATE DF DEATH May 15, 1948 19.48 3:40 Am	
6.(b) Name of husband or wife None	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	5 ang 19 46 to 15 mary 19 48	
7. Birth date of deceased (mo., day, yr.) July 13, 1868	and that f last saw h. L. alive on 14 May 18 48	
8. AGE: Years Months Days It less than one day	Immediate cause of death Cardio vascular distant DURATION with left used heart failure 5 years	
79 79 10 2hrsmin.	with life ware parties - 5 grans	
9. Birthplace Chicago, Illinois (Town, county, and atate)	Due to arteriosclerais 10 years	
10. Usual occupation Teacher	Que fo	
ff. Industry or business		
12. Name James Redfield 13. Birthplace Unknown	Other condition Cerebral thrombasis, left Kenuphy 2 yrs	
	(Include pregnancy within 8 months of death) 4 2009.	
14. Maiden name Cora Kennicott		
14. Maiden name Cora Kennicott 15. Birthplace Unknown	Major findings of operations	
16. Informant Mr. Donald McGuineas, Sr.	Autopsy results.	
Address 3700 Mass. Ave., N.W., Wash., D.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
Cremation (Burial, cremation, or removal, Which?) Date thereof May 17, 1948 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Cedar Hill Crematory	Where did Injury occur?	
Location Prince George County	Injured af home, farm, industry, public place (where?)	
18. Funeral director It Reubin Tumplines	Means of Injury Injured at work?	
Address Bethesda, Maryland	110 420 20	
El Ma Ohn Con	23. SIGNATURE H. a. Grennan m-ale M. D. or other	
19. (Date rec'd by registrar)	Address 1150 Commesticut and Date signed 15 May 48	

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No. 2/2
1. PLACE OF DEATH: County Mort gomery City or town. Land Clark Surge Grand give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred: Theman Janu, R. 2, Clarkshung Many Land How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME LULU EDYTHE HAMLIN	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced \[\omega \cup \mathrm{IDOWED} \]	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband of with ADDISON E. HAMLIN 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) FEB. 3, 1884	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 16hrsmin.	Immediate cause of death DURATION Consump overlands
9. Birthplace ELLIOTS BORG (Town, county, and state) 10. Usual occupation	Due to.
12. Name WILLIAM POWER DELANCEY 13. Birthplace PENNA.	Other conditions
14. Malden name SUSAN WOLFE 15. Birthplace PENNA.	Major fiadiugs of operations
16. Informant AARRX E.HESSE Address TREMONT FARM R. 2 CLARKSBURG MD. 17. BURIAL Date Ihereot 5 2 - 48 (Burial, cremation, or removal, Which?)	Autopsy results
Cometery or crematory arlington natural	Where did injury occur?
18. Funeral director Than B. Hilton	Manns of injury Injured at work? 13. SIGNATURE M. D. or other
19. May 20 19. 48. Mrs. C. C. Hellon (Date rec'dy registrar) By Mrs. W. & N. Registrar	Address Frisher Ling M. Date signed 2 19 14



MAY 28 1948

BUREAU Y. S.

Reg. Diat. No....

State Mary land cou	inty Marte	Joney
City or town(If outside city or town limits	a, write RURAL and give r	nearest town)
Street No	LOCATION	
RRIS	3. (b) Social Securit	y Number
AA AA	ertification	. 6A
21. I CERTIFY that death occurred on the state about 10.	10	eceaced from
and that I last saw halive on	ray 10	19.48
Immediate cause of death	mboris	buration oredealy.
Bue to A was muder to marphine pass		gr) abaut
horsed away.	Chi. Was car celing frie u Coroner. Or months of death)	Read she
adjusted mel d	Degn cer	lefical
Antopsy results	hich death shoutd be charg	ed statistically.
22. VIOLENCE: If death was due to external ca	uses, fill in the following:	14
Accident, suicide, or homicide		
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (v		
Meene of Injury	Injured at work?	
2 11	0 0	

WASHINGTON 16, D.C.

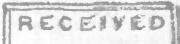


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4 DI LOT OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
1. PLACE OF DEATH:	(For newborn infants give residence of mother)
50.	State Md County Moulginery
(If outside city or town limits, write KURAL and give nearest town)	Fabrus Park
How long in above place of death? 6 months	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: 603 Device Cepenne, Jokema Park Ma	Street No. 603 Flower apence (If rural, give LOCATION)
6 menchs	2,(a) If veleran, name war.
How long in hospital or institution? 6 months 3. (a) FULL NAME	3. (b) Social Security Number
MISS SARAH WYMAN HAY	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temak White Single	20. DATE OF DEATH. MAY 11 19.48 at 11.5
Add to the day with	21. I CERLIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	ars and that I hat food by aller on Etam Case 11
7. Birth date of	and that I last saw halive on11
deceased (mo., day, yr.) 8 A.C.F. Years Months Days If less than one day	Immediate cause of death
0. AGE.	de de
	Commy orchiser su
9. Birthplace (Town, sounty, and state)	Due to.
P- 110000	
10. Usual occupation	Due 10
11. Industry or business Education	
12. Name Trypic Lay Hay Hay	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Adaline Wyman. 15. Birthplace Mass.	Major findings of aperations
E 15. Birthplace Mass.	Date of op.
16. Informant Mrs. Roy Jackson	Antopsy respits.
Address 375 Park Greave, New York City, Keny	PHYSICIAN: Please underline the cause to which death should be charged statistically
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory CEDAR HILL LREMATORY	Where did injury occur? (City or town) (County) (State)
Location PENMA AVE EXT. SEY	Injured at home, farm, industry, public place (where?)
The Theology	Means of Injury Injured at work?
18. Funeral director	NIO I DIO
Aldress 25 tarrell St. Mr. Tatata Vash D.C.	23. SIGNATURE Jack J. Dosethart M. Z
May - 18 48 4 Holen Dord	M. D. or other
(Date rec'd/by registrar)	rar Address Jailthen han Maie signed S.

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BUREAU Y. S.

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ect age

. PLACE OF DEATH:

How long in above place of death?....

How tong in hospital or institution?. 3. (a) FULL NAME

> Years 68

7. Birth date of deceased (mo., day, yr.)

8. AGE:

FATHER

12. Name

13. Birtholace

18. Funeral direct

(Date rec'd by

(Burial, cremation, or rem

Montgomere

Hospital, Institution, or street address where death occurred:

5. Color or race

(If outside city or town limits, write RURAL and give neares

Days

6.(a) Single, married, widowed, or di

.6.(c) If alive, give age

If less than one day

MARYLAND STATE DEPARTMENT OF HEA

2411 N. Charles St., Baltimore

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2 USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

	(For newborn infants give residence of mother)
	State Md. County Minighting
t town)	City or town (If outside city or town limits, write RURAL and give nearest town)
******	Street No. 36 Columbia aurum
	(If rural, give LOCATION)
••••••	2.(a) If veteran, name war.
NDE	9.50 N 3. (b) Social Security Number
orced	1 - 70 7700
01000	MEDICAL CERTIFICATION 5-/3 20. DATE OF DEATH S-/3
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
****************	9-2 1947, 10 5-13 19 48
year	and that I last saw he am alive on 22 19 4 8
	Immediate cause of death
min	Cante Circulaton Collapse
	Due to Determal Hemorhage
IT.	
10 0	Due to
ply Co	
	Dther conditions
	(Include pregnancy within 3 months of death)
•••••	Major findings of operations.
	Autopsy results
A.	22. V10LENCE: If death was due to external causes, fill in the following:
(year)	Accident, suicide, or homicide
(Jewi)	Where did injury occur? (City or town) (County) (State)
SP.	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
Ψ, Ψ	Means of Injury Injured at work?
- 0 -	
20,5	23. SIGNATUR Vlean W. Harding M. d
Mall	112 Par of the MN M. D. Fother 2 1/8
Registra	Address Date signed Date signed

Coroner og montgomeny County, ha. nohped & approved. Attacking his 5-13-40

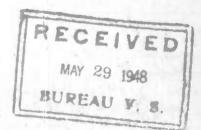


MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

U5152 Reg. Diat. No. 214

	N. Charles St., Baltimore ICATE OF DEATH Reg. Diat. No. 214
1. PLACE OF DEATH: County MONT GOTTERY City or town Chevy Chabee (If outside city or town limits, write RURAL and give nearest to the bound of th	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: How long In hospital or Institution?	Street No. 433 ShepleRd Sf (If rural, give LOCATION) 2.(a) th veleran, name war.
3. (a) FULL NAME PARO/INE Milto	SN Hentel 3.(b) Social Security Number No Ne
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorce FEMALE White MARRIED	MEDICAL CERTIFICATION 2D. DATE DE DEATH MEDICAL CERTIFICATION 2D. DATE DE DEATH MEDICAL CERTIFICATION
6.(6) Name of husband of wife Henry M. Herte, 6.(c) It alive, give age 5/ 7. Birth date of deceased (mo., day, yr.) Sept. 4 1893	21. 1 CERTIFY that death occurred on the date glove stated: that I attended deceased from 19. 19. 10. 10. 11. 11. 11. 11. 11. 11. 11. 11
8. AGE: Years Months Days If less than one day 34 8 23hrs.	Immediate cause of death Coronary occlusion 2
9. Birthplace LUAShing TON. D.C. (Town, county, and state) 10. Usuat occupation House wife.	Due to
11. Industry or business 12. Name Tohn 5. White 13. Birthplace Washing fon. J.C.	Other conditions Sent Cardio - Vosc
14. Maiden name POR Lowise Reed 15. Birthplace WAShing to N. D.C 16. intermant Henry M. Hertel	(Include pregnancy within 3 months of death) Major findings of operations.
16. informant Henry M. Hertel Address 433 Shepherd	Autopsy results
17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (morth) (day) (year) Accident, suicide, or homicide
Location The SH. Hines Co	(City or town) (County) (State) Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work?
Address 2901 14th 5t N.W.	Blic dylanda



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

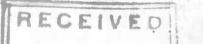
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CERTIFICATE OF DEATH

216

(If outside city or tow: How long in above place of dealh? Hospital, institution, or street address whe	da (rural) n limits, write RURAL and give nearest town) 2 months, 11 days re death occurred: tal. Bethesda, Md.	2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother) Slate	RAL and give nearest town)
3. (a) FULL NAME	ICKMAN, Rufus Burnie	3. (b)	Social Security Number
4. Sex MALES. Color or race male Col 1	6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION OF DEATH AND MAY	CATION 1948 a 5:45 A
***************************************	Georgia Hickman 6.(c) Hallve, give age years oruary 8, 1894	21. I CERTIFY that death occurred on the date above stated; February 20 19 48 to and that I last saw h im alive on 4 M	4 May 19 48 ay 19 48
8. AGE: Years Months 2	Days If less than one dayhrsmin.	Immediate cause of death Abscess Perinephritic,	right $2\frac{1}{2}$ month.
10. Usual occupation	vn. eounty, snd state) taltyCo., Wash.,D.C. sorge dec N.G.	Due to	
# 14. Maiden name BLACKB	URN, Fannie dec	(Include pregnancy within 3 months of d	
Address 1114 Que St 17 burial (Burial, cremation, or removal. Which compared to the company of	ngton National ton, Va. Morrow & P.M. St. N.W. Wash	Autopsy results PHYSICIAN: Please underline the cause to which death and a second and a sec	should be charged statistically. the following; Date of
19	Mary Patterson Registrar	23. SIGNATURE	M. D. or other



MAY 5 1948 BUREAU V. S.

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The correct

1. PLACE OF DEATH:

Hospital, Institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3. (b) Social Security Number

DURATION

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: State MARY AND County MONTHE MARY (If rural, give LOCATION)

20. DATE OF DEATH.

How long in hospital or institution?.. 3. (a) FULL NAME 4. Sex 7. Birth data of Jan deceased (mo., day, yr.) If less than one day Days Years 8. AGE: 9. Birthplace. (Town, county, and atate) 10. Usual occupation. 1t. Industry or business

city or town limits, write RURAL and give nearest town

PHYSICIAN; Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;

(month) (day) (year) (Burial, cremation, or removal, Which?) Cemetery or crematory

Location

Means of Injury

Accident, suicide, or homicide,.....

Where did injury occur?(City or town)

injured at home, farm, industry, public place (where?)

(Include pregnancy within 3 months of death)

(Connty)

Injured at work?

M. D. or other

(State)

UNE WITH PLAINLY, vis especially WRITE PLEASE

important.

13. Birthplace

(Date rec'd by registrar)

14. Maiden na 15. Birthplace 14. Malden name

MAY 31 1948
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	CERTIFICAT	E OF DEATH	Reg. Dist. No. 223
	1. PLACE OF DEATH: Cunty	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of me State	or L. C. write RURAL and give neadest town) OFATION)
	3. (a) FULL NAME		3. (b) Social Security Number
	4. Sex 0 5. Color or race 6. (4) Single, married, widowed, or divorced Mala White	MEDICAL CEI	RTIFICATION
	6.(b) Name of husband or wite		etated; that I attended deceased from
	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 20hrs. 30min. 9. Birthplace	Immediate cause of death	DURATION
	1D. Usual occupation	Due to	
	12. Name COSTEL A. TONESCU 13. Birthplace Romania 14. Malden name THERESH ANNA CAMPANELLA 15. Birthplace Wash, D. C.	Other conditions Sartas Cuel (Include pregnancy within 3 mo	
	16. Informant Mss. Theresa a. Lonescu Address 1832 - Loving St. N.W. Lobol De. 17. Burial (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to whice 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	ch death should be charged statistically.
n	Location Stockenspury Rd. Md 18. Funeral director W. Warren Yaltavull	Where did Injury occur?(City or town) Injured at home, farm, Industry, public place who	(County) (State) ye?)
1	19. (Daje rec'd by registrar) Addrese 36/9-14 5 5 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	23. SIGNATURE AL DENGIS CA Address 960, Gengis Ca	M. D. or orbot Bate signed 77/48

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and lead 9-45-15M PLEASE WRITE VS A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1948 CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County State of State o	
(If outside city or town limits write RURAL and give nearest town)	State May Say County Moss
2 2	City or to altershing moly
How long in above place of death?	(If outside city or town limits, write RURAL
montgomes County Hospital Oliver	Street No.
	(If rural, give LOCATION)
How long in hospital of Institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Socia
mose Ellen Vackson	
4. Sea 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICAT
7 , 4 1 2000	
demale Cal Midowed	20. DATE OF DEATH. May 23
Bolyt Laskson	21. I CERTIFY that death occurred on the date above stated; that I a
6.(b) Name of husband or wife.	may 19 19 48 10 71
7. Birth date of	ears and that I last saw h. A. alive on May 22
deceased (mo., day, yr.) max /2 1886	
8. AGE: Years Months Days If less than one day	Immediate cause of death Menny buen
62 2 1/0hrs.	right, and
	""".
9. Birthplace Mayland	Due la Artia - Craccal
(Town, county, and state)	henseshage
10. Usual occupation	Due to Hypertaining - Car
11. Industry or business Zen Lon Leans	Vardella Durein
# 11-/a/a A/	
12. Name	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death).
14. Maiden name & Broh Bowie	
Daniel Manuel	Major findings of operations
≥ 15. 8irthplace Magnaged	- Date
16. Informant and	Autopsy results
Address Parthershurs mos	PHYSICIAN: Please underline the cause to which death should
	22. VIOLENCE: If death was due to external causes, fill in the following
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide
2831 mb - 71 Mb - 1	21.4
Cemetery or cremetory	Where did Injury occur?
Locatio Coffee Smille mod	Injured at home, farm, Industry, pub ¹¹ c place (where?)
CiPadret Basta	Meens of Injury Injured a
18. Funeral direction	0
Address of Consiste my	- LA Astron
2: to de to 104	23. SIGNATURE COLLEGE
may 12 (- "48 Tertruct of Law	THE TIME TO THE TAIL

ral, give LOCATION) 3. (b) Social Security Number AL CERTIFICATION date above stated: that I attended deceased from vithin 3 months of death). se to which death should be charged statistically (County) (State) place (where?) Injured at work?

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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CERTIFICAT	Reg, Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced WIDOWED	MEDICAL CERTIFICATION 20. DATE OF DEATH. MAY 3, 1948, 21 1245 A.
8. AGE: Years Months Days It less than one day 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. V. and that I last saw h alive on 2 19. L. Immediate cause of death DURATION Due to 2. D
14. Maiden name Unknown. 16. Informant Mo. Social C. Mc Satyle Address //4 Cedar and. Jak Park Med 17. Burial Date thereot. May 5 1948. (Burial, cremation, or removal, Whight) Cemetery or crematory. John Sunash Cemelyy Location Blokenbug Rd + Weil Line a Sur G. Med 18. Funeral director. ARTHUR WALTERS Address 254 CARRELL ST, N. W. Tarkenya Park & G. (Date rec'd by gistrar) Registrar	(Include pregnancy within 3 months of death) Major fiadiags of operations

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

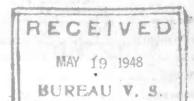
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CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: Montgomery Bethesda (rural) City or town (If outside city or town limits, write RURAL and give nearest town) How long in above piece of decih? Hospital, inetilution, or ciract addrece where decih occurred: US Naval Hospital, Bethesda, Md. Hew long in hospital or inetilution? One day 3. (a) FULL NAME				cal) URAL and give nearest town) Y : ethesda, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale	
3. (a) FULI	NAME		JOHN	MSON, Emelina Mar		
4. Sae fema		W-US	9.(a)Single	married, widowed, or divorced married	MEDICAL CERTIFICATION 13 May 19 48 31 9:35	5 P
6.(b) Name e1 7. Birth deta e deeacced (n	1		dr. Pau ber 1,	11 Johnson, USN 1) If allve, give ageyears 1905	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 12 May 19 18 to 13 May 19 and that I last saw her alive on 13 May 19 Immediate cause of death Carcinoma A Dray DURAT	.48
8. AGE:	Yeare	Manthe 7	Deye	If leee than ene day	Immediate cause of death	אעו
1D. Ueual eec	r buelnese		MTTA		Duo to	
14. Maid N 15. Birth	on neme place husban		• Paul	S. Johnson USN	(Include pregnancy within 3 months of Jeath) Major fieldings of operations. Major fieldings of operations. Date of op. Actopsy results. PHYSICIAN: Please moderline the cause to which death should be charged statistically.	e
17(Burial, ci Cemelory o Lecetion 18. Funerel d Addrose	buri remation, or r erematory	al removal, Which Arl	Dete there ington yaa ES N	National P.S. J.	22. VIOLENCE: If dealh was due to external sauses, fill in the following: Aceident, suicide, or homicide	1.8



Rochard 2500

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legiply.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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	Reg. Diat.	No. 714

CERTIFICA	Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Manta
Olly or town	City or town Garland
ow long in above place of death?	City or town
ospital, institution, or street address where doubt occurred:	
V	Street No. (If rural, give LOCATION)
w long in hospital or Institution?	2.(a) If veteran, name war.
B. (a) FULL NAME	3. (b) Social Security Number
Sex 5. Color optace 6.(a) Single, sparried, widowed, or divorced	MEDICAL CERTIFICATION
(/0) (/1	WEDICAL CERTIFICATION
male of sugle	20. DATE OF DEATH Many 19 19 19 19 19 19 19 19 19 19 19 19 19
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) 16 allus aius ans	veges 2 2 5 19 19 19 19 19
Birth date of	and that I last/say hallye on
deceased (mo., day, yr.)	
AGE: Years Months Days If less than one day	Immediate cause of death
AGE.	de
100 or more year of the	min. Coronau seclusion
he be a	
(Town, county, and atate)	Oue to
Osla-	
), Usual occupation	Oue to
todustry or business	
Control of the contro	
t2. Name	Other conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15 Birthplace	
1 19. Dilliplace	
i, Informant	Autopsy results
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 224 4:2 10	22. VIOLENCE: if death was due to external causes, fill in the following:
Burial Date thereof May 13, 19	To a state of the state of
(Burial, cremation, or removal, Which?) (month (day) (year)	
Cemetery or crematory . Lord Hapt Chines	Where did injury occur?
bemerery or crematory	
Location Allandle M. a.	Injured at home, farm, industry, public place (where?)
P P V! Jan	Means of injury Injured at work?
B. Funeral director. A manufacturation	1
all of les fronte St.	1 Frankact hr. J.
Address Ly () . () asking as of	S. SIGNATURE
J 13 19 O HERRORIME	D. or other
may 13 1948 grepheticus delial	tray Address Steel Land And Date signed S.
(Date rec'd by registrar) Regist	A ROUTESS Date signed

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information carefully. The of death clearly and legible

WRITE

Bethesda. Maryland

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: County Montgomery State Maryland County Montgomery City or town. Chevy Chase (If outside city or town limits, write RURAL and give nearest town Chevy Chase (If outside city or town limits, write RURAL and give nearest town) 6307 Broad Branch Road, Hospital, Institution, or street address where death occurred: Mother's Home 6307 Broad Br.Rd. (If rural, give LOCATION) How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number Yes - Unknown 4. Sex MEDICAL CERTIFICATION Male White Unknown 20. DATE DE DEATH May 9 1988 at 7 P M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from deceased (mo., day, yr.) DURATION If less than one day 8. AGE: 4.7 Brooklyn, New York (Town, county, and state) Clerk Woodward & Lothrop 11. Industry or business Unknown Unknown 13. Birthniace 14. Maiden name Naderino New York 15. Birthplace Brooklyn, New York Ismes M. Hogan (include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically Address St. Johns Church, Frederick, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Cemetery or crematory St. Johns Cemetery Where did Injury occur?(City or town) Location Frederick Maryland tnjured at home, farm, industry, public place (where?) Meens of injury



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()5161 Pist No. 223-

·	Reg. Diat. No.
PLACE OF DEATH: Monta ameny	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County Plane	State
(If outside city or town limits, write RURAL and give nearest town)	The state of the s
	(If outside city or town limits, write RURAL and give nearest town)
low long in above place of death?	2 - (0 / 0 / 0 / 1 / /
	Street No. 208 Full All This WE.
Tog Philadelphia are	(If rurnl, give Location)
low tong In hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
DEAN W. SUDD	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M M Y Harried	Ana and vu ?
11/1/10/10	20. DATE OF DEATH AND 27 19 X 8 21
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Deb 19. 19. 19. 19. 19.
7. Birth date of	years and that Vlast saw halive on
deceased (mo., day, yr.) 120 2/, 188/	
B. AGE: Years Months Days If less Ihan one day	Immediate cause of death
S. AGE.	3
66 mins.	min. Coronary victures de
led o Otisis	Due to.
9. Birthplace (Town, county, and state)	
Weterwaien.	
1B. Usual occupation.	Due to
11. Industry or business	
12. Name OSCAR JUDD 13. Birthplace OHIB	Dther conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Majden name	Major findings of operations
15 Birthalass OHIO	Date of op.
M. D. 20 11	
16. informani	Antopsy results.
Address 201 Holais Lake Tahoma Vask	PHISICIAN: Please underline the cause to which death should be charged statistically.
P1 - 30 10	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remoyal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal, which;)	
Cemetery or cramatory	Where did Injury occur?
Jama WR & Excepted Switter	Anjured at home, farm, Industry, public place (where?)
Location	Meens of thiury Injured at work?
18. Funeral director Muham Values	minera or miles
1201/8 11 511	At Thank I Tronhact M. U
Address 294 Carrell Cor prome van	23. SIGNATURE Duffmed Evan
May 20 VE Street Porte	M. D. or other
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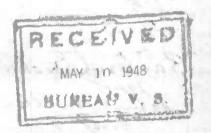
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: How long in above place of death? Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION deceased (mo., day, yalloy 30 If less than one day 8. AGE: (Town, county, and atate) 12. Name 13. Birthplace (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should he charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following Date thereof Accident, suicide, or homicide,..... (month) (day) (year Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury Addresa

Registrar



2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No. 216
1 PLACE OF DEATH: County Montgomery City or fown Bethes da (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Suburban Hospital How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland Couchy Monigomery City or town. Bethes da (If outside city or town limits, write RURAL and give nearest town) Street No. 9/00 Georgetown Road (If rural, give LOCATION) 2.(a) It veleran, name war.
3.(a) FULL NAME Delos O. Kinsman	3. (b) Social Security Number
Male Scolor or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH May 2 1948 at 1,557
6.(b) Name of husband or wife Anna B. Kinsman 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1. Birth date of deceased (mo., day, yr.) August 30, 1868 8. AGE: Years Months Days If less than one day	Due to Cardon Vertula - Rand Due to Due to
12. Name Thomas R. Kinsman 13. Birthplace Wisconsin 14. Maiden name Emma Harris 15. Birthplace Cornwall, England	Dither conditions Destantian Conditions (Includer programmy within 3 months of death) Major findings of operations. Dale of op.
Address 4540 45# St., N.W. Wash. D.C. Burial, cremation, or removal, Which? Cemetery or crematory. Date thereof. (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
18. Funeral director Fough Sanlar Some Address 1754 Penns Ave, N.W., Wash., DC 19. May 2 18 48 9Mm & John Registrar (Date rec'd by registrar) Registrar	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other

UNFADING INK. Supply every item of information careful MARGIN RESERVED FOR BINDING

The correct age



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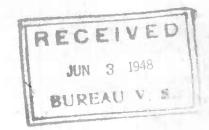
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9-45-15M	WRITE
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05164 Reg. Diat. No. 3/6

	1
1. PLACE OF DEATH County May gowley City or town 1001 he da, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Coucly Montgomery
City or town	City or town Bethesda, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. 4605. Highland. Avenue, (If rural, give LOCATION) 2.(a) If veteran, name war. No.
3. (a) FULL NAME	3. (b) Social Security Number
Henson Christopher Kraft	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH MAY 28 1948 at 12 30
6.(b) Name of husband or wife Annie Kraft 6.(c) If allive, give age years 7. Birth date of North 7. 1.555	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. F.S., 10. Many 2. 8. 19. F.S. and that I last saw harden. alive on Many 2. 7. 19. F.S.
deceased (mo., day, yr.) May 7, 1855	Immediate codes of death Heart failure DURATION
9. Birthplace Washington, D. C. (Town, county, and state) 10. Usual occupation Retired Plaster	Due to artery scleratic heart
11. Industry or business None	Due 10
12. Name Unknown-Kraft 13. Birthplace Washington, D. C.	Other conditions
14. Maiden name. Unknown-Brown 15. Birthplace Washington, D. C. 16. Informant. Frederick B. Kraft	(Include pregnancy within 3 months of death) Major findings of operations
1601 Highland Arranua William Md	Autopsy results
Burial Date thereof June 1, 1948 (Burial, cremation, or removal. Which?) Commetery or crematory Congressional Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Washington, D. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Subsent Grand Address Bethesda, Maryland 19. 5/3/ 19. × 8	23. SIGNATURE Start & Start Son M.D. or other M.D. or other Start St. Bate signed 5/3/4/8



PLEASE

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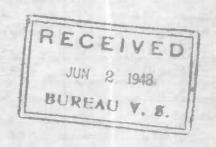
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(516.) Reg. Dist. No. 714

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother)
County	
City or town (If outside city or town firsts, write RURAL and give nearest town)	Slate
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred.	Street No. 327 10 SK: ZLL
Ledar Cuot Saintarucce	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tulal Heel	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I 70.1 8. 8	700
1. Potale sugle	20. DATE OF DEATH. 11 ay 219 18.48 at 65P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	11/ax:12 18.29 , to May Ing 18.45:
7. Birth date of 0-17 1007	and that I last saw h los alive on May 79 19.48
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
0. Aug.	
60 9 12 min.	Justinghama Landas 2
9. Birthplace Men Aleans, doussians	Due to.
(Hown, conney, and state)	Lyteaustron
1D. Usual occupation Child II The Milliand	Que to
11. Industry or business	
12. Name Walter John Lee	Other conditions
13. Birthplace Louissiana	
	(Include pregnancy within 3 months of death)
14. Maiden name Lida More Lee 15. Birthpiace Louisiana	Major findings of operations.
E 15. Birthpiace Louisiana	Date of op.
16. Informant Miss agree Lee (sister)	Antensy results.
Address 3212 Steplenson Bl., n. W. Wash. D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cellar Idea	Where did injury occur?
Location Swit land, On See les	Injured at home, farm, industry, public place (where?)
18. Funeral director Martin M. Hysong Co.	Means of Injury Injured at work?
Address /300 "n" St. 79. W. Washington D. E	R. D O R 7 P. D , 1 Fair
2006 6 46 000 000 000	23. SIGNATURE. SUCKARANT De Start Andleans M. D. orong
19. (Date red d by registrar)	Address Edarcia H Sanistanian Date signed 729 48.
U	



The Court of the C

· Cear Self William A

2411 N. Charles St., Baltimore

05166

CERTIFICATE OF DEATH

eg. Dist. No. 216

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME LEE, William Justice	3. (b) Social Security Number
4. Sex 5. Color or race 9.(a) Single, married, widowed, or divorced divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. 11. May 19.18 21 7:15 P
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 May 19 18 10 11 May 19 18 18 and that I last saw h i. M. alive on 11 May 19 18 18 Immediate cause of death occurred on the date above stated; that I attended deceased from 19 May 19 18 18 Immediate cause of death occurred on the date above stated; that I attended deceased from 9 May 19 18 18
9. Birthplace Pennsylvania 10. Usual occupation Retired Navy 11. Industry or business 12. Name LEE, Leighton dec. 13. Birthplace Pa.	Due to Ayferting within 3 months of death) Due to Ayferting within 3 months of death)
14. Maiden name JUSTICE, Mary 15. Birthplace Pa. 16. Informant brother: Mr. Phillip L. Lee Address Rosemont, Pennsylvania	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. burial Cremating Date thereof May 17. 1948. (Burial, cremation, or removal, Which?) Cemetery or crematory Laurel Hill Location Philadelphia, Penna. 18. Funeral director J. Gawler Sons	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
18. Funeral director Address 1756 Penn.Ave., NW. Wash., P.C. 5-15	23. SIGNATURE H. C. SMITH, Cdr. MC W. D. or other USNH Bethesda, Md. Date signed 5-15-48

RECEIVED

MAY 18 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

56d

05167

CERTIFICATE OF DEATH

eg. Dist. No. 223-

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. Whire Married	and the second s
6.(b) Name of husband or wife. Russell 9 Lee Ly	20. DATE OF DEATH
	19 to May 22 19 45
7. Birth date of	and that i last saw her alive on May 21 1945
deceased (mo., day, yr.)	Immediate cause uf death
8. AGE: Years Months Days It less than one day 39 3 90	Acute hydrocephalus 3 days
9. Birthplace Gutherie (Town, county, and state) 10. Usual occupation 110. Usual occupa	Oue to Cyst of choroid plexus ? with ball-yalve action
11. Industry or business 11. Industry or business 12. Name	Dther conditions
13. Birthplace Germany	(include pregnancy within 3 months of death)
14. Maiden name. Luas Maare. 15. Birthplace // extucky.	Major findings of operations.
15. Birthplace //entucky.	Major hindings of operations. Date of op.
16. Interment Reposels Joseph	Autopsy results. CYST BY CHOPOID PLEXUE, PHYSICIAN: Please underline the cluse to which death should be charged statistically.
Address Shaw Side Mai	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or crematory tout when the second semestery	Where did injury occur?
Location Principleuser County, Wd. 1	Injured at home, farm, Industry, public place (where?)
6 4 4 -05/1	Msans of Injury Injured at work?
18. Funeral director 11. 11. 12. 12. 13. 14. 15. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	Alleman in man
Man V V : 48 Thin Deal	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 3/20/97



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

05168

CERTIFICATE OF DEATH

eg. Diat. No. 216

1. PLACE OF DEATH: Montgomery County	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male W-US single	20. DATE OF DEATH 13 May 19 48 . at 11: 321		
6.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above etated; that I attended deceased from 13 May 19 48, 10 13 May 19 48 and that I last eaw h im alive on 13 May 19 18 Immediate cause of death 18 DEPUTY MEDICAL EXAM. GAS FOURATION		
8. AGE: Years Months Days If less than one day 1 7 1.8hrsmin.	Questral humanitale 8 hrs.		
9. Birthplace	Due to		
13. Birthplace Haymarket, Va. 14. Maiden name TERRILL, Mary Benson 15. Birthplace Va.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. informani father: Lt. Thomas A. L. LIGHTNER, US	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.		
17. burial Date thereof May 15. 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory. St. Pauls Churchyard Haymarket, Va.	22. VIOLENCE: 11 death was due fo external causes, fill in the lollowing: Accident, suicide, or homicide. Where did Injury occur?		
Location 18. Funeral director. Jos. F. Birch's Sons Address 3034 M St., N. W., Wash., D.C. HW., 5-14 18 Mary Patterson Registrar	Means of Injury 2 2 16 winder at work? Frank J. BROSCHART, M.D. 23. SIGNATURE. Dep. Med. Exam. M. D. or other Address. Gaithersburg, Md. Date signed. 5-14-48		

RECEIVED

MAY 17 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

TE OF DEATH

Capital Heights

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

216

Reg. Diat. No....

Ko	w long la above	e place of	de2fh?	l day	All uRAL and give nearest town
Ko	u. S. I	loe, or etr	reet eddrees where AL HOSPI	death occurred	ethesda, Md. 1 day
	(a) FULL	NAME	LOCKWOOD,		
	ser male		W-US	n	a, married, widowed, or divorced
	(h) Nama ad h	aband or	wife	Hattie	Lockwood
₩.				5.(0	c) If alive, give age
7.	Birth deta of	day yr)	May a	23. 187	74
	Birth deta of deceeeed (mn. AGE:	., day, yr.) Yeare	Monthe	Days	74 It lees than one day
8.	Birth deta of deceeeed (mn. AGE:	, day, yr.) Yeare 73	Months 6	Days 22	It leee than one dayhrs.
S. 10 11 MATHER FATHER 11	Birth deta of deceeed (mn. AGE: Birthpleca Ueuef occup taduetry or tad	Yeare 73 New New netion	Monthe 6 York (Town.	county, and a county	it ieee than one dayhrs. state) WIN
S. 10 11 X3HLER LA 11	Birth deta of deceeed (mn. AGE: Dirfhplece Ueuef occup, taduetry or tadu	yeare 73 New ietles ietes	Mosthe 6 York (Town.	county, and a known unknown unknown ttie La	it ieee than one dayhrs.

(Date rec'd by registrar)

City or town (If outside city or town 621) Kingst	on hoad		
(II rur	n, give Localio	N)	
2.(a) If veteran, name wer	Hathlika		
	3. (b)	Social Security No	umber
MEDICA	L CERTIFI	CATION	
20. DATE OF DEATH. 15			
21. I CERTIFY thet death occurred on the CLL May end fhat I last saw hi.Malive_on	19 48 10	15	Мау. 48.
0 .		0	
Immediate cause of death	-grans	n xung	. DURATION
aci	1		may
	0.0)	0
Due to	TO OV	cromposio	
coronally or	leng me	ultiple	old
Carolina -	Rest o	tisese	
ONTODA SERVA	die		***************************************
200	STORA	014	
Other conditions	0. 70	Just.	••••••
(Include pregnancy wi		- Comment	
	icimi o montino or i	Meserial Meserial	
Major findings of operations			••••••
	· svo	Date of op	
Antupay results			
PHYStCIAN: Please underline the caus	e to which death	should be charged st	atistically.
22. VIOLENCE: If deeth was due to exte	ernal cauces, fill in	fhe tollowing;	
Accident, suicide, or homicide	.,	Date of	
Where did injury occur?(City or	town)	(County)	(State)
Injured af home, farm, Industry, public p	lace (where?)		
Means of injury	1.90	nigred at work?	
15	MENO	X	
F. E.	WETZED	Trude mich	E
23. SIGNATURE LIEO	t. NC US	Tructurioli M. D. or	other
USNH Bethes	da. Md.	Date signed	

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MAY 19 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

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- 1	 and .	
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Injured at work?

CERTIFICA	TE OF DEATH Reg. Dis	t. No. 218
1. PLACE OF DEATH: County City or town. Alf outside city or town limits, write RURAL and any over the city or town limits, write RURAL and any	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Blaie County	
3. (a) FULL NAME Rinhard Samuel hon	3-3	Security Number
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICAT	ION
male. white Marrie -	20, DATE OF DEATH. May	1048 29:10 A W
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I at a second that I laft saw h alive on Immediate cause of death. Due to Due to Other conditions	tended deceased from 19
16. Informant Churic & Lowe	(Include pregnancy within 8 months of death) Major findings of operations	ot op
Address Server a Louis State of Country (Burial, cremation, or removel, Which?) Cemetery or crematory State of Country Country (Country Country Count	22. VIOLENCE: It death was due to external causes, till in the tollow Accident, suicide, or homicide	owing; ate of
Taithersony Lecel	Injured at home, tarm, industry, public place (where?)	

Meens of Injury

23. SIGNATURE

Address..

Registrar

WRITE A15

especially

1B. Funeral director

19 May 10 (Date reed by registrar)

Address

国 PLEASI SA

MAY 12 1948
BUREAU V. S.

LAINLY, especially

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

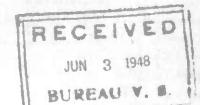
2411 N. Charles St., Baltimore

94a

05172 v. Dist. No. 2/6

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
county Montgomery Namy and	
City or town Bethesda, Maryland (If outside city or town limits, write RURAL and give	
How long in above place of death? One half hour	City or town Bethesda, Maryland (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Suburban Hospital	Street No. 8712 Old Georgetown, Road
How long in hospital or institution?OneHalfHour	
3. (a) FULL NAME	3. (b) Social Security Number
Gerard Arthur Ma	
	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH 194 26 194 31 1:30 A M
6.(b) Name of husband or wife Paula Elizabeth	Mahler 21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	ee 52 years may V 6 1948, 10 may V (1948
7. Birth date of deceased (mo., day, yr.) April 25, 1895	and that I last saw it. A
8. AGE: Years Months Days If less than	one day DURATION
53 53 1 1	rsmin
9. Birthplace Prague Czechoslovakia (Town, county, and state)	Due to.
(Yown, county, and state) 10. Usual occupation Economist	
NT NT	Due to
11. Industry or business None	
12 Name Arthur Mahler 13 Birthplace Prague Czechoslovak	
	(Include pregnancy within 3 months of death)
14. Malden name Erua Baner 15. Birthplace Vieuna Austria	Major findings of operations.
2 15. Birthplace VICUITA AUSUITA	Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Bethesda, Maryland	and the second of the second o
t7 Burial May (Burial, cremation, or removal. Which?)	29,1948 Accident, suicide, or homicide
Cemetery or crematory Rock Creek Cemete	Whers did Injury occur?
Vashington, D. G.	Injured at home, tarm, Industry, public place (where?)
1 44 // // //	1 Control of the cont
18. Funeral director LU Keelleuw Teurif	Mall Janier 1
Address Bethesda, Maryland	23. SIGNATURE
19. 5/2-6 19.49 7.7	John Date Signed 5-26-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

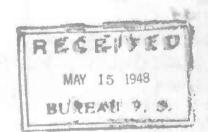
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CERTIFICATE OF DEATH

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1. PLEE OF DEATH. Copy Manual Copy of the Manual Copy of the Milhal and give necessary town) Her leag in above piece of earth? Of the property of the Milhal and give necessary town) Her leag in above piece of earth? Of the property of the Milhal and give necessary town) Her leag in above piece of earth? Of the property of the Milhal and give necessary town) Her leag in above piece of earth? Of the property of the Milhal and give necessary town) Her leag in above piece of earth? Of the property of the Milhal and give necessary town) Her leag in above piece of earth? Of the property of the Milhal and give necessary town) Her leag in above piece of earth? Of the property of the Milhal and give necessary town) Her leag in above piece of earth. Of the property of the Milhal and give necessary of the Milhal and give necessary of the Milhal and give necessary of the Milhall and give necessary of the M		
Stale. Covery Control of Country C		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If couside city or town with a give winered town) How long in show place of death, or to be defined where deeth occurred. Street Ro. G.		
How long in above space of death? Street No. 19 10 to construct the space of death occurred: Street No. 19 10 to construct the space of death occurred: Street No. 19 10 to construct the space of death occurred: Street No. 19 10 to construct the space of death occurred: Street No. 19 10 to construct the space occurring name with the subject occurred the space occurred the space occurred to construct the space occurred the space occurred to construct the space occurred	City or town. Jalso has lash	1 + 0 0
Street No		City or town Washington D-
Hew long in heapilal or institution? 3. (a) FULL NAME Carloton Dr. Martin 4. Set 3. (b) Social Security Number 2. (c) Havetern, name was M. (c) Martin 3. (b) Social Security Number 3. (c) Social Security Number 3. (d) Social Security Number 3. (e) Social Security Number 4. Set 5. Color or race 6. (c) Single, married, widowed, or dispressed for dispressed for the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled. The lattered deceased from the security of the date above stabled deceased from the security of the	How long in above place of death?	
Here long in hospilal or institution? 3. (a) FULL NAME Carleton Dr. Oldartin 4. Sex 5. Color or race 5. Color or race 6. (a) Single, married, without, or discread MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. LOERIFF that death occurrefon the date above staled: that attended deceased from 19. May 1	Mospital, Institution, or street address where death occurred.	Street No. 1607 6000000000000000000000000000000000
3. (a) FULL NAME Carleton Dr. Martin 4. Sez 5. Color or race 1. Coloring in majority 3. (b) Social Security Number A. Sez 5. Color or race 1. Coloring in majority 1. Sez 1. S	Here leas la bookle les institutions 5 Laur	W / Yland (1927-1921) V
4. Set S. Color or race		A
Birthplace Celebrate Balley Between the state above states that attended deceased from the state above states that attended deceased from the state above states that the states	Carleton Dr. Martin	
8. (b) Name of husband or wife. 1. Birth date of deceased from 4 1908 8. AGE: Vears Month Days It less than one day 10. Usual occupation. 11. Industry or business 12. Name Major findings of operations. 13. Birthplace Classification 14. Maiden name Mile Days Major findings of operations. 15. Birthplace Classification 16. Intermant Major findings of operations. 16. Intermant Major findings of operations. 17. Burial Current May 13. 1944 18. Function or removal, Which?) 19. The properties of the date above stelas; that I attended decases from 19. The properties of the date above stelas; that I attended decases from 19. The properties of the date above stelas; that I attended decases from 19. The properties of the date above stelas; that I attended decases from 19. The properties of the date above stelas; that I attended decases from 19. The properties of the date above stelas; that I attended decases from 19. The properties of the date above stelas; that I attended decases from 19. The properties of the date above stelas; that I attended decases from 19. The properties of the date above stelas; that I attended decases from 19. The properties of the date above stelas; that I attended decases from 19. The properties of the date above stelas; that I attended cases from 19. The properties of the date above stelas; that I attended cases from 19. The properties of the date above stelas; that I attended cases from 19. The properties of the date above stelas; that I attended cases from 19. The properties of the date above stelas; that I attended cases from 19. The properties of the date above stelas; that I attended cases from 19. The properties of the date above stelas; that I attended cases from 19. The properties of the date above stelas in the date ab	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. AGE: Tears Month Days It less than one day 10. Usual occupation. 11. Industry or business 12. Internal May 13. 1944 Address 109 Comp. Or Thomas May 13. 1944 Address 109 Comp. Or Thomas May 13. 1944 15. Birthplace Chalant Make May 13. 1944 Address 109 Comp. Or Thomas May 13. 1944 16. Usual occupation. Address 109 Comp. Or May 13. 1944 16. Usual occupation or removal, Which?) 17. Burial Company May 13. 1944 18. Funeral director Manual May 13. 1944 Address 8434 Georgia Ave. May 14 Wer Spring Address Of Injury and American May 19 Injured at home, farm, industry, public place (where?) 18. Funeral director Manual May 19 Injured at home, farm, industry, public place (where?) 19. Injured at home, farm, industry, public place (where?) 19. Injured at home, farm, industry, public place (where?) 19. Injured at home, farm, industry, public place (where?) 19. Injured at home, farm, industry, public place (where?) 19. Injured at home, farm, industry, public place (where?) 20. IS INNATURE Manual	wesle white Sexueled	De 11/10 118 , 23%.
8. AGE: Vears Month Days It less than one day 9. Birthplace County, and state) 10. Usual occupation. 11. Industry or business 11. Industry or business 12. Name M. Jacob Madres Office County. 13. Birthplace Cyclosed Madres 14. Maiden name M. Jacob M.	II III	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month Days It less than one day 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace Clebaud 14. Maiden name. 15. Birthplace Clebaud 16. Informant 17. Burial 17. Burial 18. Thereof (month) Days It less than one day 18. Cemetery or crematory. 19. Birthplace Clebaud 19. Cemetery or crematory. 10. Usual occupation. 11. Burial 12. Vane. 13. Birthplace Clebaud 14. Maiden name. 15. Birthplace Clebaud 16. Informant 17. Burial 18. Thereof director. 19. Cemetery or crematory. 19. Cemetery or crematory. 19. Cemetery or crematory. 11. Burial 11. Burial 11. Burial 12. Volume Major findings of operations. 11. Burial 12. Volume Major findings of operations. 13. Burial 14. Maiden name. 15. Birthplace 16. Informant 17. Burial 18. Funeral director. 19. Control of the case to which death should be charged statistically. 19. Cemetery or crematory or cremoval. Which of the case to which death should be charged statistically. 19. Control of the case to which death should be charged statistically. 19. Control of the case to which death should be charged statistically. 19. Control of the case to which death should be charged statistically. 19. Control of the case to which death should be charged statistically. 19. Control of the case to which death should be charged statistically. 19. Control of the case to which death should be charged statistically. 20. Volume of the case to which death should be charged statistically. 21. Volume of the case to which death should be charged statistically. 22. Volume of the case to which death should be charged statistically. 22. Volume of the case to which death should be charged statistically. 22. Volume of the case to which death should be charged statistically. 22. Volume of the case to which death should be charged statistically. 22. Volume of the case to which death should be charged statistically. 22. Volume of the case to which death should be charged statistically	6.(b) Name of husband or wife there	
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8. AGE: Years Month Days If less than one day	7. Birth date of	and that I last saw h
9. Birthplace Calculation (Town, county, and atsate) 10. Usual occupation. Bellevilla (Town, county, and atsate) 11. Industry or business 12. Name William Saplania (Include pregnancy within 3 months of death) 13. Birthplace Calculation (Include pregnancy within 3 months of death) 14. Maiden name William Saplania (Include pregnancy within 3 months of death) 15. Birthplace Calculation (Include pregnancy within 3 months of death) 16. Informant May 13. 194 17. Burial (Burial, cremation, or removal, Which?) 18. Funeral director Manna Arlington National 19. Location Arlington Co., Virginia 19. Mayor fieldings of operations. Abiopsy results. Physician: Please ooderline the case to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. (City or town) (County) (State) 18. Funeral director Manna (County) (State) 18. Funeral director Manna (Manna Manna Man	Become (mod and 1977)	Immediate chose of death DURATION
9. Birthplace County, and atate) 10. Usual occupation. 11. Industry or business 12. Name William Register Conditions 13. Birthplace Cyclosed 14. Maiden name William Register Conditions 15. Birthplace Cyclosed 16. Intermant Register Cyclosed 16. Intermant Register Cyclosed 17. Burial 18. Funeral director Manage Arlington National Location Arlington Co., Virginia Location Arlington Co., Virginia 18. Funeral director Manage Area Staver Spring Address 8434 Georgia Ave., Slaver Spring Address Section Register Conditions Due to. Manage Mana	8. AGE: Years Months Days If less than one day	Tremie Stall Semnie
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace place p	11 6min.	
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace place p	August miell on 4	Ohronie Kethrilis ! Years
10. Usual occupation	9. Birthplace (Toyn, county, and atate)	
11. Industry or business 12. Name. Williams Register Classics 13. Birthplace Classics 14. Maiden name. Williams Rapidum 15. Birthplace Classics 16. Informant Russil B Martin. Address / 009 Com. Or. 17. Burial 18. Furnal (Burial, cremation, or removal, Which?) 19. Cemetery or crematory. Arlington National 19. Location Arlington Co. Virginia 19. Funeral director Maria County (State) 19. Surial (City or town) (County) (State) 19. Funeral director Maria County (State) 19. Funeral director Maria County (State) 19. Surial (City or town) (County) (State) 19. Funeral director Maria County (State) 19. Surial (City or town) (County) (State)	10 Hard assessing Bolliera Colley attendant	trape le de
12. Name Williams Report of the conditions Of the conditions (Include pregnancy within 3 months of death) 14. Malden name Williams Salliams (Include pregnancy within 3 months of death) 15. Birthplace Cleland Major findings of operations. 16. Intermant Runal B Mania Address 1609 Count, Orc. N. Way 13, 194 17. Burial Major findings of operations. 18. Furnish Report of the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director of community Arlington National 19. Funeral director Name Control of the caose to which death should be charged statistically. 19. Address 8434 Georgia Ave. Niver Spring Address 8434 Georgi		Que to.
14. Maiden name Allies Salsuna Major fiadings of operations. 15. Birthplace Cleland 16. Informant Daniel B Matin Major fiadings of operations. 17. Burial Date thereof May 13, 194 (Burial, cremation, or removal, Which?) 18. Cemetery or crematory Arlington National Location Arlington Co. Virginia Location May 13 (City or town) (County) (State) 19. Funeral director Manne C Manney Major fiadings of operations. Major fiadings of operations. Autopay results. PHYSICIAN: Please ooderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Major fiadings of operations. Autopay results. PHYSICIAN: Please ooderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maens of Injury 23. SIGNATURE 24. D. Or other		
14. Maiden name Allies Salsuna Major fiadings of operations. 15. Birthplace Cleland 16. Informant Daniel B Matin Major fiadings of operations. 17. Burial Date thereof May 13 194 (Burial, cremation, or removal, Which?) 18. Cemetery or crematory Arlington National Location Arlington Co. Virginia Location May 13 (County) (State) 19. Funeral director Manne C Manney Major Spring Address 8434 Georgia Ave. Silver Spring 23. Signature 24. Date of 25. Signature 25	= 12. Name Welson Registers	Other conditions
14. Maiden name Allies Salsuna Major fiadings of operations. 15. Birthplace Cleland 16. Informant Daniel B Matin Major fiadings of operations. 17. Burial Date thereof May 13, 194 (Burial, cremation, or removal, Which?) 18. Cemetery or crematory Arlington National Location Arlington Co. Virginia Location May 13 (City or town) (County) (State) 19. Funeral director Manne C Manney Major fiadings of operations. Major fiadings of operations. Autopay results. PHYSICIAN: Please ooderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Major fiadings of operations. Autopay results. PHYSICIAN: Please ooderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maens of Injury 23. SIGNATURE 24. D. Or other	₹ 13. Birthplace elselocet	
16. Informant Cursul B Marian Address 1609 Coun, One May 13, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Location Arlington Co., Virginia 18. Funeral director Manne Company May 13, 1948 Address 8434 Georgia Ave. Silver Spring Address 8434 Georgia Ave. Silver Spring And Signature Major fiadings of operations. Major fiadings of operations. Major fiadings of operations. Autopsy results. PHYSICIAN: Please coderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maens of injury Injured at work? 23. SIGNATURE 23. SIGNATURE	Elia Boldwar	
Autopay results Autopay results PHYSICIAN: Please ooderline the case to which death should be charged statistically. PHYSICIAN: Please ooderline the case to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Arlington National Location Arlington Co., Virginia 18. Funeral director Manne Company Mens of Injury Occur? Address 8434 Georgia Ave., Silver Spring Autopay results PHYSICIAN: Please ooderline the case to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Maens of Injury 23. SIGNATURE 24. On D. or other	14. maigen name	Major findings of operations
Address 1609 Crum, Orc. M. W. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Location Arlington Co. Virginia 18. Funeral director Address 8434 Georgia Ave. Silver Spring Address 8434 Georgia Ave. Silver Spring 19. PHYSICIAN: Please ooderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maens of injury 23. Signature 23. Signature 24. C.M. D. or other		Dale of op
Address 1609 Crum, Orc. M. W. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Location Arlington Co. Virginia 18. Funeral director Manne C. Manney Mers and Company Mers of Injury Occur? Address 8434 Georgia Ave. Silver Spring Address 8434 Georgia Ave. Silver Spring 23. Signature Mers of Injury Occur? 24. VIOLENCE: If death was due to external causes, fill in the following: County Oate of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of Injury 23. Signature 23. Signature 23. Signature 23. Signature 23. Signature 23. Signature 24. Crum D. or other	16 Interment Cursul B Martin	Autopsy results
Burial Burial Date thereof May 13, 194	1600 Par al 21/	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory. Arlington National Location Arlington Co., Virginia IB. Funeral director. Address 8434 Georgia Ave., Silver Spring Address 8434 Georgia Ave., Silver Spring Address Signature Means of injury 23. Signature 23. Signature 23. Signature 24. CM. D. or other	37 304	22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory Arlington National Location Arlington Co., Virginia Location Mens of injury Injured at work? Meens of injury Injured at work? Meens of injury Injured at work? 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 24. AM. D. or other	Burial Date thereof May 13, 194	Accident, suicide, or homicide
Arlington Co., Virginia Injured at home, farm, industry, public place (where?)	(Burial, cremation, or removal, Which:) Arlington National	
18. Funeral director Wanner E. Sumphrus Inc. Address 8434 Georgia Ave. Silver Spring 23. Signature Coher II Have Man. 2. 23. Signature Coher II Have Man. 2. 24. 20. D. er other		
18. Funeral director Names & Sumpling Late. Address 8434 Georgia Ave. Silver Spring 23. Signature Signature Am. D. or other	Location Arlington Co., Virginia	Injured at home, farm, Industry, public place (where?)
Address 8434 Georgia Ave. Silver Spring 23. SIGNATURE Coher Charles	00/ 6/1/	Meens of Injury Injured at work?
23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 24. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25		1)/ 1/1/
M. D. or other	Address 8434 Georgia Ave. h Silver Spring	as CICHATURE (OTHER (A Harellin).
	May no us & Attitud to Dotte	23. Signalune, M. D. or other
19. My 10 19 48 / Will Registrar Address Lake us Tark. Maire signed 5/10/48	19. (Date rec'd by registrar) Registrar	Address / akong / ark Mg Date signed 3/10/48



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE VS A15

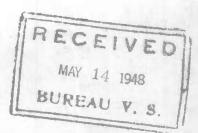
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: county Montgomery City or town Silver Sprin (If outside city or town limits, How long in above place of death?	Note RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	ve nesrest town)
Hospital, institution, or street address where death On lawn at 419 Mar	occurred: asfield Dr.	Street No. 1424 R. St.N. W. Apt 2	}
How long in hospital or institution?		. 2.(a) If veteran, name war	V
3.(a) FULL NAME Thomas	J. McGrail	3. (b) Social Secu	rity Number
4. Sex 5. Color or race 6.0	(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white	married	20. DATE OF DEATH	19 1 7:45A
6.(b) Name of husband or wife Kather:	ine S.	21. I CERTIFY that death occurred on the date above stated; that I attended	
		and that Visit saw h. alive on	19
7. Birth date of	6.(c) If alive, give ageyear	and that Plast saw halive on	19
	Days If less than one day	Immediate cause of death	DURATION
o. Adz.	29min		Maring
		Coronary occlusion	meldent
9. Birthplace	y, and state)	Due to	
10. Usual occupation Brocklaye	er		
11. Industry or business		Due to	***************************************
		Dither conditions	100000000000000000000000000000000000000
12. Name unknown 13. Birthplace unknown			*******
		(Include pregnancy within 3 months of death)	J
14. Malden name unknown 15. Birthplace unknown		Major findings of operations	
		Date of op.	
16. Informant Mrs Katherine		Autopsy results	
Address 1423 R. St, I			iged statisticany.
Removal (Burial, cremation, or removal, Which?)	ate thereof May 11, 1948	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?)	rt Lin (month) (day) (year)		
Cemetery or crematory Washingt	on, <i>D</i> .C2	Where did Injury occur?	(State)
Location			
18. Funeral director P. J. Saff	ell	Means of Injury Injured at work?	
Address 475 H. St. N.W	. Washington, D.O	Trank J. Broschart h	
	11-1511	23. SIGNATURE Def med Gran	D. or other
19. Man 19.48	there la Ochaefel		gned 5-11-48



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

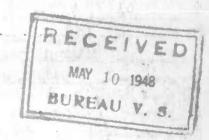
05174

CERTIFICATE OF DEATH 1340

Reg. Dist. No. 216

1. PLACE OF DE.		Montgo	nerv	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	D.	thond	- /	State Md. County	2 ,
City or town(If o	utalda elty or town lin	nits, writa R	URAL and give nearest town)	Rogers Heights	***************************************
How long in above piece	of death?	9 d	ays	City or town	arest town)
Hospitel, Inetitution, or	street address where	leath occurred	thesda, Md.	Street No. 5513 Farrogate Street	
U. S. IVAV	al hospit	AL, Be	thesda, Md.	(If rural, give LOCATION)	
How tong in hospitet or	Inetitution?	9	days	2.(a) If veteran, neme wer	
3. (a) FULL NAM	E MC	KENZI	E, William Alexa	nder 3. (b) Social Security	Number
4, See	S. Celer or race	6.(a)Singi	e, merried, widowed, or divorced	MEDICAL CERTIFICATION	
Male	W-US		married	20. DATE OF DEATH. 6 May 19 48	4:25 Am
8.(5) Name of husband	or wifeAgn	es G.	McKenzie	21.1 CERTIFY that deeth occurred on the date above stated; that I attended dec 27 April 19 48 to 6 May	eesed from
7 Cirth date of	T.		e) If alive, give ageyee	end thet I last saw h im alive on 6 May	19. 48
decessed (mo., day.)	_{n.)} Janu	ary 2,	1005	Immediate cause of death	DURATION
8. AGE: Years		Daye	If tees then one day	Acute Pylonephritis	
63	4	- 4-	hreml		
8. SirthpleesWa 10. Veual occupetion 11. Industry or busines	Retired f	rom Pu		Due to Renal Calculus Due to	.8 yrs.
	CENZIE, Wil		dec.	Other conditions Uremia; Hypertension;	
13. Birthytace	Md.			Cardio vascular heart disease (Include pregnancy within 3 months of death).	
14. Meiden neme.	CLARK, Ja	ne Lor	etta 🖟	Major findings of operations	
	Md.			Date of op	
			McKenzie	DUVCICIAN. Planes and orbins the cause to which death should be charged	statistically.
17b.uri	al	Dete ther	Rogers Heights M eof May 10, 1941 (mepth) (day) (year)	Accident, euicide, or homicide	
Cemetery or cremate	Arlin	gton 1	lati onal	Where did injury occur?	(State)
	rlington,			Injured at home, form, Industry, public piece (where?)	

			SICK	I rland	
			Wash D.C.	23. SIGNATURE J. JONES LEJGM	IC USN
19. 5-6-	18 48	Mary	C. Patterson	USNH Bethesda, Md.	5-6-48



PLEASE WRITE P

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05175

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
314 Dale Drive	Street No314 Dale Drive. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
	"
3. (a) FULL NAME	3. (b) Social Security Number
MELVILLE MONROE MERRILL	577-01-1114
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH 11/04/10 1948 at 9:00 P.M
6.(b) Name of husband or wife	21. I CERUFY that leath occurred on the daty above stated; that 1 attended deceased from 1944 to May 10 1949 and that I last saw h alive on May 10 1949
deceased (mo., day, yr.) Oct. 2, 1877	Immediate cause of death
8. AGE: Years Months Days it less than one day	
70 7 8hrsmin.	Multiple cerebal Emboli 10day
9. Birthplace Washington D C. (Town, county, and state) 10. Usual occupation Retired	Genualydarlin Joleson 5ys.
11. industry or business Telephone Co.	
質 12. Name Charles M. Merrill	Other conditions Mexicandial Descripenary 1 morel
13. Birthplace Rumford, Maine	
14. Maiden name. Ina Freeman	(Include pregnancy within 3 months of death)
14. Maiden nameIna Freeman 15. Birthplace Bethel, Maine 16. Informant Mrs. Alice H. Merrill	Major findings of operations
16. Informant Mrs. Alice H. Merrill	Antopsy results
TO, III O IN III O	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 314 Dale Drive, Silver Spring, Md.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. Burial Date thereot May 13. 1948 (month) (day) (year)	Accident, suicide, or homicide
	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory Glenwood Cemetery	
to Exercise Washington, D. C. Pumply Dr. 18. Funeral director, Warner & Pumply Dr.	Injured at home, farm, industry, public place (where?)
1 0	i and all a
Address 8434 Georgia Ave., Silver Spring, Md.	23. SIGNATURE WISCOCIONO MV.
19. May 12 1948 Josephenses Ochaeffer (Date rec'd by registrar)	Address 837 Bombal H Date signed May 1/194



MAY 14 1948

BUREAU V. S.

WRITE PLEASE A15

SN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

05176

	Rog. Dist. No. f
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Rock Crest Rock rille M.D. (If outside city or town limits, write RURAL and give nearest town)	State Mary land County Monta. City or town Rock Crest Rock rill e (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 1019-De Beck Dylye (If rural, give LOCATION)
How long in hospital or institution?	(If Fural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
SAMUEL AUSTIN	MOORE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Mayried	MEDICAL CERTIFICATION 2D. DATE DF DEATH May 14 19 48 21 5:45 Pm
6.(b) Name of husband or wife Stells O wex	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	may 8 1848, 10 may 12 18.48
7. Birth date of deceased (mo., day, yr.) Nov. 19, 1874	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	themia and 2 days
7.3 hrsmin.	Generalized metastasio
g. Birthplace. Va. (Town. county, and state) 10. Usual occupation Rail Yoad Retied	Due to Cascinama of wrinary 4 years
11. Industry or business Eng. Southern Rail 202d.	Duo to
# 12 Name William A. Moore	Dther conditions
E 13. Birthplace Ya.	(Include pregnancy within 8 months of death)
14. Maiden name Exam J. Ha.). 15. Birthplace Va.	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace V3.	Date of op.
16. Informant Mrs Shells O. Moore - wife	Actopsy results
Address 5, lezm Springs. Ark.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (mosth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Whers did Injury occur? (City or town) (County) (State)
Location 1400 Chapsin At H. W. Wash D. C.	Injured at home. farm, Industry, public place (where?)
18. Funeral director. 2. M. Chambers Co.	Means of Injury Injured at work?
Address 1400 Chapier St. M.Co.	23. SIGNATURE PORNON S. Rosenberger m.D.
19. 5 - 1 4 (Date rec'd by registrar) 19 4 8 El Shoupeon Registrar	Address Backwille more and Dato signed 5/14/48

RECEIVED

MAY 19 1948

BUREAU Y. S.

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

it less than one day

2411 N. Charles St., Baltimore

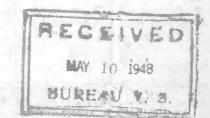
CERTIFICATE OF DEATH

Mar land County Montgomery

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

	1 2	. (b) Social Securit	v Number
		None	y Mamber
ME	DICAL CERT	TIFICATION	
20. DATE OF DEATHMay	5, 1948	19	
21. I CERTIFY that death occurred May 3, 1948	on the date above st	ated; that I attended de	ceased from 1948 ₁₉
and that I last saw h.erally			19
Immediata cause of death			DURATION
Myocard:			
Due to Senility		***************************************	
Due to			
Due lo			
Dither conditions			
(Include pregn	aney within 3 mont	hs of death)	
Major findings of operations	none		
	***************************************	Date of op	
Antopsy results	e	doub should be choose	d atatistically
22. VIOLENCE: If death was du			a southerney.
Accident, suicide, or homicide,			
Where did injury occur?			
Injured at home, tarm, industry,		Injured al work?	
Means of injury			



Latin - A party

WRITE PLAINLY PLEASE

is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05178

Reg. Dist. No. 216

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State
3.(a) FULL NAME MURRAY, Morris Herman	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male W-US married	MEDICAL CERTIFICATION 2D. DATE DF DEATH
6.(6) Name of husband or wife. Mrs. Katherine B. Murray 6.(c) If alive, give age years T. Birth date of deceased (mo., day, yr.) March 17, 1888	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 March 19 18 to 19 May 19 and that I last saw h i.m. alive nn 19 May 19. Immediate cause of death DURAT
8. AGE: Years Months Days If less than one day 60 2 2 hrs. min.	Bronchogenic Carcinoma with extreme cachexia and pulmonary
9. Birthplace	Due to
12. Name MURRAY, Charles W. dec. 13. Birthplace Delaware 14. Maiden name MC GONIGAL, Elvina dec.	Other conditions
14. Maiden name MC GONIGAL, Elvina dec. Pa. 15. Birthplace 16. Informant wife: Mrs. Katherine B. Murray Address 3004 South 6th St., Arlington, Va.	Antoppy results. Confirmed above PHYSICIAN: Please underline the caose to which death should be charged statistically.
17. burial Date thereof 5-24-48 (Burial, cremation, or removet, Which?) (month) (day) (year) Cemetery or crematory Arlington National	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Arlington, Va. S. H. HINES Address 2901 lith St., N. W. Wash. D.C. Madress 2901 lith St., N. W. Wash. D.C.	Mesons of Injury Mesons of Injury G. W. RUSSELL, Cdr. MC USN 23. SIGNATURE
19. 5-20 19 48 Mary Q. Patterson	Address USNH-Rethesda, Md. Date signed 5-20-11



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

()517J Reg. Dist. No. 216

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAM				3. (b) Social Security Number
4. Sex	5. Color or race		Y, James Richard e, married, widowed, or divorced	MEDICAL CERTIFICATION
male	W-US		single	20. DATE DE DEATH. 19 May 19 148 21 9:25 I
The state of the s	Octo		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 May 19 18 to 19 May 19 18 and that I last saw h im alive on 19 May 19 18
8. AGE: Year		Days	If less than one day	Immediate cause of death Corobral Hemorrhage DURATION
73	6	22	hrs min.	
10. Usual occupation. 11. Industry or busine 12. Name	Farmer SS VERIY, Joh Md.	n J.		Due to. Arteriosclerosis Hypertension Due to. Other conditions. Bronchopneumonia Cystitis (Include pregnancy within 3 months of death)
15. Birthplace		d.		Major fiediogs of operations. Date of op. Actopsy results. Confirmed above
C.			m F. Myerly Md. sville Post Offic	DIVERGIAN Di an admine the second to which doubt should be changed statistically
17	rial n, or removal. Which ory St. ghland, M	Date then Marks	reol 5-27-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Address Elli	ott City,	Howard	County, Md.	23. SIGNATURE. Charles SAVAGE, Lt JG MC USN USNH Bethesda, Md. M. D. or5th19-48 Address. Date signed



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

05180

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Montgomery Bethesda (rural)	Slate La County			
City or town (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	City or town			
How long in above place of death?	Street No. 1128 8th Ste.			
U. S. NAVAL HOSPITAL, Bethesda, Md.	Street No. (If rural, give LOCATION)			
Ma.Ma.AMA.AMA.AMA.AAAAAAAAAAAAAAAAAAAAA				
How long in hospital or institution? 10 days	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
OVERTON, John Holmes, S.	enator			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male W-US MERRIED				
Mara	20. DATE OF DEATH 11 May 19 48 21 5:50 Am			
6.(6) Name of husband or wife Ruth D. Overton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1. May 19. 18. 10. 11. May 19. 118			
	and that I last saw h im alive on 11 May 19.48			
T. Birth date of deceased (mo., day, yr.) September 17, 1875				
accesses (mort any))	Immediate cause of death DURATION			
o. AGE:	Acute Myocardial Failure immediate			
72 7 17hrsmin.				
9. Birthplace Malksville, La. (Town, county, and atate)	Oue to			
10. Usual occupationSenator	Due to			
	Diverticulosis of large intestine 2 yrs			
11, Industry or business	Diber conditions Diverticulities of large intestine 12da			
12. Name OVERTON, Thomas dec. 13. Birthplace	Other conditions Diversion Control of the Conditions of the Condit			
Z 13. Birthplace La.	Bronchiectasis several yrs (Include pregnancy within 3 months of death)			
14. Malden name WADILL, Laura dec. 15. Birthplace				
La.	Major findings of operations.			
	Date of op.			
16. Informant Wife: Mrs. Ruth D. Overton	Antopsy results. Confirmed above			
Address Wardman Park Hote, Washington, D. (PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Surial Removale thereof Many (day) (year)	Accident, suicide, or homicide			
(Burial, cremation, or removal. Which:)	Where did Injury occur?			
Cemelery or crematory				
Location Alexandria, La	Injured at home, farm, Industry, public place (where?)			
Joseph Cowley Adding	Means of Injury O Divred at work?			
16. Funeral director	Marion.			
Address 1750 Penn.Ave., N.W., Wash, D.C.	// // N// // //			
Many C. Patterson	23. SIGNATURE W. F. HARRISON, Jr., Et. AC USN M. D. or other			
19. 5-14 1948 Mary C. Patterson	USNH Bethesda, Md. Date signed 5-14-48			



OWENS, MARGIN RESERVED FOR BIND

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nation carefully. The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

05181

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF I				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
				State District Columbi		
City or townBe	If outside city or town	limits, write F	tURAL and give nearest town)			
Unw long in shore ni	ace of death?	10 day	5	City or town(If outside city or town lim	its, write RURAL and give n	esrest town)
mospital, institution,	or street address where	BESTH OCCULIC	41	Street No. 1446 Bellin	and St. no	w
U.S.N. Ho	ospital, Be	thesda,	Md.		ve LOCATION)	. /
		10	days	2.(a) tf veteran, name war		V
3. (a) FULL NA	ME				3. (b) Social Security	Number
, G:	arnet A.	1 & (a) Singl	e, married, widowed, or divorced	1	CEPTIFICATION	
				MEDICAL C	CERTIFICATION	
	Negro	Man	ried	2D. DATE DE DEATH	3/19.19.11	at &A
6.(b) Name of husba	and or wite Mrs.	Corean	Owens	21. 1 CERTIFY that death occurred on the date a		
				My med Eral	9 to	19
T. Birth date of	O Ameri		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and that last saw halive on		19
deceased (mo., da	ears Months	Days	If less than one day	Immediate cause ol death		DURATION
U. AUL.	52 1	22	- California Con-			
		1	hrs. min.	- Intercrawal	hemmay.	10 days
9. Birthplace R	iverdale, V	irginia	1	Due to		
	(Town	, county, and	atate)			
1D. Usual occupation	Independe	no dare	101101	Due to		
11. Industry or busi						
H 12 Name	unknown		***************************************	Dther conditions	***************************************	*** ***********************************
12. Name	unk	nown				
		unk	mown	(Include pregnancy within	8 months of death)	
14. Maiden na 15. Birthpiace	me			Major findings of operations		
15. Birthplace			unknown		Date of op	
16 Interment Wi	fe: Mrs. Co	orean O	wens	Autopsy results		
			N. W., Wash., D.C.	PHYSICIAN: Please underline the cause to		d statistically.
				22. VIOLENCE: If death was due to external		-1.11 12
1T	burial	Date the	reof 6-11-18 (month) (day) (year)	Accident, suicide, or homicide.	dear Date of	121/48
(Durial, crema)	tion, or remover, withen	Arling	ton National	Whare did injury occur?	my De	(State)
Cemetery or cres	matory A 207 i i	ngton,	Va-	Injured at home, farm, Industry, public place	(County)	
Location	AI ±11	18 0011,				A
19 Euparal directo	W. Ernest	Jarvis		Means of injury Struck by the	Injured at work?	10
	32 U St., N			Thank 1. Br	perkut m.	V.
		YNU	me allers	23. SIGNATURE	1 Exam), or other
5-31	y registrar)	Mary	O. Patterson	es. 4	A	
(Date rec'd by	y registrar)		Registrar	Address	M. T. Date signer	1 S. J S

as especially important. ruysicians.

Body referred to D. Coroner. Frank J. Broschart M.S. Diff med Evan. Yarohur, me

RECEIVED

JUN 4 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

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U	U	1	0	Fel	
Ch.				4	1

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother)	rn.
	EU:
County Maryland Mor	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 21 Years (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town)	
Versited institution or street address where death occurred:	
Home - 112 Forest Ave., Rockville, Md, Street No. 112 Forest Avenue, (If rural, give Location	
How long in hospital or institution? None 2.(a) If veteran, name war No.	
3.(a) FULL NAME Henry Kay Pasma Nor	Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFIC	CATION
Male: White Married 20. DATE OF DEATH May 14,	
6.(b) Name of husband or wife Olive La.	hat I attended deceased from
60 19.9.7. 10.	6 13 14 19 1
Mass 20 1880	
8 AGF · Years Months Days If less than one day	
67 67 11 15 hrs. min. Stoffes Hogas Sync	0) 4
77 7 7	
9. Birthplace	1150658 3 yell
10. Usual occupation. Minister Due to.	
11. Industry or business	
11. tridustry or business 12. Name Klaas Pasma Dther conditions Dlabel + 5	37-4
Include pregnancy within 3 months of de	
14. Maiden name Clara Nauta 15. Birthplace Holland Mrs. Olive Pasma (Include pregnancy within 3 months of de Major findings of operations.	
Major findings of operations. Major findings of operations.	
16. Informant Mrs. Olive Pasma Abiopsy results.	
16. Informant Address reduction the course to which death st	hould he charged statistically.
Address 112 Forest Ave., Rockville, Md.	
13.13.01 May 17-1948	
(Burial, cremation, or removal. Which?) Cemetery or crematory Chyclic Lunion Current Where did injury occur? (City or town)	
Location no Co esvello - Moulg Co. Injured at home, farm, Industry, public place (where?)	
18. Funeral director W. A. Prubrul Surpturey Means of Injury Inj	jured at work?
Address Bethesda, Maryland	
22 CICNATION	M. D. or other
19. CDate rec'd by registrar) Soc Fail 4 - Address Rock Fail 4 -	Date signed

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. A is especially important. Physicians: please write the causes of death clearly and leg

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MAY 19 1948

WRITE PLEASE SA

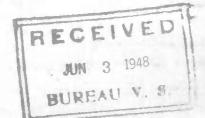
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05183

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County City or town (1f outside city or town introduction Report (1f outside city or town introduction Report (1) outside city or town introduction Re
How long in above place of death? Hospital, institution, or street address where death occurred:	Street No. 4 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Infunt Boy Poun	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, yidowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION
6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above atated; that I attended daceased from
7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months Days It less than one day	and that I last saw h
8. AGE: Years Months Days It less than one day	frematuraly - 6 months 10 have
9. Birthplace	Due to
10. Usual occupation	Due to
11. Industry or business 12. Name Grain Act Breef Pourage 13. Birthplace Pok mills Jalahama	Other conditions
14. Maiden name Betty Petryes 15. Birthplace Rosk o ster, Mins	(Include pregnancy within 3 months of death) Major findings of operations.
El 15. Birthpiace Coshester Minns.	
Address HIB - WK D. W.	Actopsy resolts
17 Cremation. (Burial, cremation, or removal. Which?) Date thereof. June 1 1948. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Cedar Hill Cemetery	Whera did injury occur? (City or town) (County) (State)
Location Suitland, Maryland	Injured at home, farm, Industry, pub ¹¹ c place (where?)
18. Funeral director Not of Queben Cumphing.	readis of tiplet
Address Bethesda, Maryland	23. SIGNATURE Desaj assur M.D. or other
19. (Date red d by registrar)	Address Dethyday (4 Nd Oate signed & Chillett



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			222
Reg.	Diat.	No.	200

CERTIFICATE OF DEATH

2.	USUAL RESIDENCE (H (For newborn lpfants give	OME) OF DE	CEASED:	
State	Vivgiuis	County		
City	or town	or town limits, wri	te RURAL and	give nearest town)
Stre	et No	If rural, give LOC		/
2.(a	1) If veteran, name war			<u> </u>
d	entre de	3	. (b) Social Se	curity Number
	1	ICAL CERT	TIFICATIO	N 05
20. 1	DATE OF DEATH THE	10/	te	48 NO A
	TCERTIFY that death occurred	the date above st	to Many	ded deceased from
	that Mast saw home alive	01	. /	DURATION
1000	17		ua	1 who

Due	10. Acuta C	July	Ja-	2333
Due	10 date C		que	3 uhs.
Dthe	r conditions	em phi	Ju-5	
	(Include pregna	ney within 8 month	ns of death)	
Majı	nr fiadings of operations	**********		
	***************************************		Date of o	9
	npsy results		leath should be	charged statistically.
-				
	VIOLENCE: tf death was due ident, suicide, or homicide,			
	ore did injury occur?(C			(State)
	red at home, farm, industry, pu			
Maa	ons of injury		Injured at wo	rk?
	1.01	a	- an	,
23.	SIGNATURE CONTRACTOR	1 1	m	M. D. or other
	THE TRACE A. III	Mr. Tha		signed 5 - 2 1 - 4

1. PLACE OF DEATH:	
County Mantgomery	
City or town To Kame Park, Mary land (If outside city or town Imits, write RURAL and give near	eat town)
How long in above place of death? Fig. 4.2.4. A System Hospital, Institution, or street address where death occurred:	, ,
Washington Scrietarium and Hospi	,701
How long in hospital or Institution? F. TERU. A. O. JE	100000000000000000000000000000000000000
3. (a) FULL NAME	
Jesse Bucher Price 4. Sex 5. Color or race 6. (a) Single, married, widowed, or	-9 13
	divorced
Male Cave. Married	
S.(b) Name of husband or wife Mrs. Geneva A. Pr	ce
	./years
7. Birth date of deceased (mo., day, yr.) Sept. 3 1851 8. AGE: Years Months Days tf less than one da	
8. AGE: Years Months Days If less than one da	у
66 8 14hrs.	min.
9. Birthplace 4.9 hland Co. Virginia (Town, county, and state)	
1D. Usual occupation Farmer	
1†. Industry or business	
12. Name Ambrose Price 13. Birthplace Highland Co., Va.	
14. Maiden name Martha Rusmissell	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. Informant Mrs. Carl Keehn	
Address Pexter, Michigan	
17. Remarks Date thereof 29 ay (de (monty) (de (monty) (de	7 1948 ay) Ayear)
Cemetery or crematory	
Location Fuduithing, Vingi	nea
18. Funeral director	
Address alyandria, Wigini	2) 1
19. MAN No 15 L. S. MANN, Oute rec'doy registrar)	A Registrar

MAY 31 1948

PLEASE WRITE

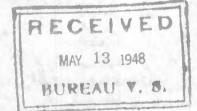
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05185 Reg. Diat. No. 211

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County more and breath heavy	state maryland county montgomery.
(if outside city or town limits, write RURAL and give near strown)	1 Dona a hour
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, institution, or street address where Path occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME Ida Dorcas Pun	inehart 3. (b) Social Security Number
4, Se1 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fremale White married	20. DATE OF DEATH MAY 8 19 48 23:00 P. M
10 (h) Hama at husband or wife Rence W. Rhinehart	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Hallie of Hassania of	May 4, 1948 10 May 8 1948
7, Birth date of C A C A C A C A C A C A C A C A C A C	and that last saw h. & R. alive on May 7 1948
7. Birth date of deceased (mo., day, yr.) Jon. 30.1906.	Immediate cause of death . Departmain Canalit - DURATION
8. AGE: Years Months Days If less than one day 42 3 8min.	nascular disflac. / minto
9. Birtholace West Virginia	Due to Pulmary edema 5 days.
(Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name West Virginia	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Unknown.	Major findings ol operations
∑ 15. Birthplace	Date of op
16. Interment	Autopsy results
Address Damascus, marylana	22. VIOLENCE: It death was due to external causes, till in the following;
17 Burial Date thereof may 10 01988	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Damascus, 19 am	Where did Injury occur?
Location Damas cus and	Injured at home, farm, industry, public place (where?)
18. Funeral director Q. U.S. U.S. eall, dng.	Means of injury Injured at work?
Address Damasaus, and.	P. Kerr M. L.
may 8 us Dolla OV Burdet	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 5/10/48



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and the causes of death clearly and the causes of death clearly and the cause of death clearly and death clearly an

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

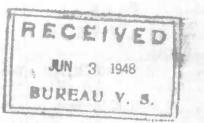
2411 N. Charles St., Baltimore

131a

CERTIFICATE OF DEATH

Dia No 216

				Reg. D	/ist. 140
County			*	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) State	
How long in above place of death? 1 month, 15 days			15 days	City or town (If outside eity or town limits, write RURAL	
Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? I month, 15 days				Street No. 1711 9th St. N. W. (If rural, give LOCATION) 2.(a) It veteran name war	V
3. (a) FULL NAM		hardso	n		ial Security Number
4. Sex Male	5. Color or race Negro	6.(a)Single	, married, widowed, or divorced Married	MEDICAL CERTIFICA 20. DATE DF DEATH	TION 19 48 21 9:35 A
6.(b) Name of husband	or wife Inez	Richar		21. I CERTIFY that death occurred on the date above stated; that I April 19 48 to	attended disceased from
7. Birth date ot deceased (mo., day,)	(r.) Apr	il 27,		and that I last saw h im alive on 31 May	DURATION
8. AGE: Years 56	1	Days	tt less than one dayhrs,min.	Nephritis, Chronic	indef.
9. Birthplace	Porter	county, and a	tate)	Due to	
11. Industry or busines	s			Due to.	
12. Name	RICHARDSON	Md.	.es dec.	Other conditions Hypertension Arteria	
14. Malden name.	SNELL, E	mma Md.		Major findings of operations	s ot op
			Wash.,D.C.	Autopsy results	d he charged statistically.
17. buria (Burial, cremation	l , or removal. Which? Arlingt	Date there on Nati	of 6-3-48 (month) (day) (year) onal Cemetery	22. VIOLENCE: tt death was due to external causes, till in the formation of the control of the c	Date ot
	ngton, Vir			Injured at home, tarm, Industry, public place (where?)	1 at work?
	"N" N.W.,	Washing	6 Cattlerin	L. C. WATTERS, Jr.,	
19. 5-31 (Date rec'd by re	- 19 48	Mary(C. Patterson Registrar	USNH Bethesda, Md.	



PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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8.(b) Name of husband or wife Carrie C. Robbins 21. I CERTIFY that daath occurred oo tha data abova atatad; that I attended decaaaed from 6 May 19 U8 to 11 May 11. Birth date of decaaaed (me., dey, yr.) October 7, 1866	CEI	IFICATE OF DEATH Reg. Diat. No.
ROBBINS, Alfred Perkins 4. Sas Male S. Celer er raca Marriad	Montgomery Bethesda (pupal) y or fown (If outside city or town limits, write RURAL and give w long in above pieca of deeth? 5 days spital, institution, or etroet addrees whera deeth occurrad: U. S. NAVAL HOSPITAL, Bethesda, I	Stata County Montgomery City or town Montgomery (If outside city or town limits, write RURAL and give nearest town) Straat No. Chevy Chase, (If rural, give LOCATION) 25 Chapters St
Male W-US married 6.(b) Name of husband or wife Carrie C. Robbins S.(c) If aliva, giva aga 7. Birth date of decasaed (me., dey, yr.) October 7, 1866 8. AGE: Yaera Montha Daya If tess than ona day 81 7 4 hra. min. B. Birthplace Washington, D. C. (Town, county, and atate) Unemployed 10. Usual occupation. Industry or businese 11. Industry or businese Maine 12. Name. ROBBINS, Nathanial Augustus dec. Maine 14. Maldon name. PERKINS, Letitia M. dec. Maine 15. Birthplace Maine 16. May 19. La May 19.	(a) FULL NAME ROBBINS, Alfred	rkins 3. (b) Social Security Number
6.(b) Name of husband or wife Carrie C. Robbins 8.(c) If aliva, giva aga yaara 7. Birth date of decapaed (me., der., yr.) 8. AGE: Yaera Mentha Daya If tese than ona day 81 7 14 hra. min. 8. Birthplace Town, county, and state) 10. Usual occupation 11. Industry or busineee 12. Name ROBBINS, Nathanial Augustus documents of the state of		MEDICAL CERTIFICATION 20, DATE DF DEATH
8. AGE: Yaera Montha Daya If tess than ona day 81 7 4 hra. min. 8. Birthplace. Washington, D. C. (Town, county, and state) 10. Usual occupation. 11. industry or businece 12. Name. ROBBINS, Nathanial Augustus dec. 13. Birthplaca Maine 14. Malden name. PERKINS, Letitia M. dec. 15. Birthplace Wife: Mrs. Carrie D. Robbins 16. Informant 17. Informant 18. AGE: Yaera Montha Daya If tess than ona day 19. Birthplace Of ceth County of Cet	Birth date of October 7 1866	9 48 10 11 May 19 48 10 11 May
11. industry or businese 12. Name ROBBINS, Nathanial Augustus dec. 13. Birthplaca Maine 14. Malden name PERKINS, Letitia M. dec. 15. Birthplace Maine 16. Informant 16. Informant 17. Name ROBBINS, Nathanial Augustus dec. 18. Informant 19. Maine 19. Data of op. Autopsy resolts. Autopsy resolts.	AGE: Yaera Mentha Daya If tess than or 81 7 4	Cerebral Thrombosis 5 days
14. Malden name PERKINS, Letitia M. dec. 15. Birthplace 16. Informant Maine 16. Informant Major findings of operatinos. Major findings of operatinos. Major findings of operatinos. Autopsy resolts. Autopsy resolts.	. industry or businese 12. Name ROBBINS, Nathanial August 13. Birthplaca Maine	attended the state of death
	15. Birthplace Maine 15. Informant Wife: Mrs. Carrie D. Robbi	Major findings of operatinos Data of operatinos Autopsy resolts. Autopsy resolts.
22. VIOLENCE: If daath was due to esternal causea, fill in the following: 17. burial Date thereof 5-14-48	burial Bate thereof 5-14 (Burial, cremation, or removal, Whiteh?) Camatery or crematory Arlington National	22. VIOLENCE: If death was due to esternal causes, fill in the following: Accident, aulcide, or homicide
Arlington, Va. Injured at home, farm, industry, public place (whare?) Meana of injury Injured at home, farm, industry, public place (whare?) Meana of injury Injured at home, farm, industry, public place (whare?) Meana of injury Injured at home, farm, industry, public place (whare?) Meana of injury Injured at home, farm, industry, public place (whare?) Meana of injury 23. SIGNATURE 24. Description Injured at home, farm, industry, public place (whare?) Meana of injury Injured at home, farm, industry, public place (whare?) Meana of injury 25. Description Injured at home, farm, industry, public place (whare?) Meana of injury 26. Description Address Description Injured at home, farm, industry, public place (whare?) Meana of injury Address Description Injured at home, farm, industry, public place (whare?) Address Description Address Description Injured at home, farm, industry, public place (whare?) Address Description Injured at home, farm, industry, public place (whare?) Address Description Injured at home, farm, industry, public place (whare?) Address Description Address Description Address Description Injured at home, farm, industry, public place (whare?) Injured at home, farm, industry, public place (whare?)	Addrees 2901 UthSt., N. W., Washingt	D. C. Heena of Injury F. E. WETZEL Lt MC USN 23. SIGNATURE Bethesda, Md. 5-12-48



item of information carefully causes of death clearly and

ADING INK. Supp Physicians: please

WITH UNFA PLAINLY, is especially PLEASE WRITE

SN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

(1518) Reg. Dist. No. 714

CERTIFICATE OF DEATH

1. PLACE OF DE	A			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County Montgomery		State Maryland c		T		
Silver Spring City or town (If outside city or town limits, write RURAL and give nearest town)						
		City or town Silver Spr	its, write RURAL and give near			
How long in above place of death?		(If outside city or town lim	its, write KUKAL and give hear	est town)		
Hospital, Institution, o	r street address where	death occurred:		Street No. 11,702 Georg	19 -46.	
11.	vos georg	1. E. A.V.	e.	(If rural, gi	ve LOCATION)	
How long in hospital o	or institution?			2.(a) It veteran, name war		
3. (a) FULL NAM	IE .				3. (b) Social Security 1	Number
	TP RO	y Rou	tit			
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
1/-7-	White	780	rried			
Male				20. DATE DE DEATH. May		
& (b) Name of husband	or wife Est	her R	ae Routt	21. I CERTIFY that death occurred on the date a		
				Dep Med. 2 cal	المستعمل الم	19
7. Birth date of) If alive, give ageyears	and that I fast saw halive on		19
deceased (mo., day,	yr.) NOV.	8, 188		Immediate cause of death	· ·	DURATION
8. AGE: Year	rs Months	Days	It less than one day			1.0
61	6	11	hrsmin.	Corgrany one		and lane
Nr	Warrent	on V	9 -	Due to.		
9. Birthplace	(Town,	eounty, and a	A a tate)	Due 10.		1
1D. Usual occupation	Horse t	raine	r	Due io		***************************************
11. Industry or busine				bue 10		
min .	Alfonso R	loutt		Dither conditions	***************************************	
12. Name	Warrento					
	Comolin			(Include pregnancy within		
14. Maiden name	5			Major findings of operations		
14. Maiden name	Warrent	ion, V	۵.			
	andolph J	. Rou	tt	Autopsy results	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.0
			Silver Spring	PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
				22. VIOLENCE: If death was due to external t	causes, fill in the tollowing;	
Buri	al on, or removal. Which?	Date there	of May 21, 194 (month) (day) (year)	Accident, suicide, or homicide	Oate ot	
(Burial, crematio	Rock C	reek	(month) (day) (year)	Where did injury occur?		
Cemetery or crema	tory	T CCV		Where did injury occur?(City or town		
Lecation	Washir	igton.	D.C.	Injured at home, tarm, industry, public place	(where?)	
	4 /	(1)	1/	Msans of injury	Injured at work?	
	Warner			2	1)
Address 843	4 Ga. Ave	e. Sil	ver Spring, Md	trank I. V	Broschart h	1.0.
			a Selma	23. SIGNATURE		or other
19. On an	70 19.48 registrar)	Town	Registyst	d Address Laisherbu	Date signed	5-19-48
(Tages ree of ph r		(/	0			



WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

05190

CERTIFICATE OF DEATH

Pag Dist No 218

1. PLACE OF DEATH: Montg Co, County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For perpendicular procession of mother) State
3.(a) FULL NAME Clinton Conrad Royer	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married 6.(b) Name of husband or wite Mary Z, Royer 6.(c) If alive, give age years 7. Birth date of Feb 12th 1878	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I atlanded deceased from 24. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
Teb 12th 1878	Immediate cause of death Control 6 days Due to Assissing Control 6 days
10. Usual occupation	Due to Diher conditions
14. Malden name. Lavenia Belt 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Ars Mary & Royer Address Gaithersburg Ad,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Frederick Location 18. Funeral director. Address Gaithersburg Md, Solite thereof. (month) (day) (year) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. May 9 1948 Abrila Glorita (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Gauthersburg M. D. or other Address Date signed 5/8/48

MAY 12 1948

WRITE

Cemetery or crematory

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05191

19 8 at 6:00 am

CERTIFICA	TE OF DEATH Rog. Dist. No. 216
1. PLACE OF DEATH: Obunty. MantqameR. City or town. Bethesda. Md. City or town. Bethesda. Md. City or town limits, write RURAL and give nearest town) How long in above place of death? SINCE MAY 7'48 S:30 P.M. Hospital, Institution, or street address where death occurred: Suburban Hosp. 8600 OLD GEORGE town Rd. Bethesda. Md. How long in hospital or institution? SINCE MAY 7.'48 5:30 P.M.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME AUGUST W. So	chicklen 3.(b) Social Security Number
5. Color or race 0 6. (a) Single, married, widowed, or divorced Surale 6. (b) Name of husband or wife 6. (c) If allve, give age year 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4 7 hrs. min 9. Birthplace WAShington, county, and state) 10. Usual occupation Wellingslaged 11. Industry or business	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurrer on the date above stated; that I attended deceased from 19. 10. May and that last sawn ARM alive on May Immediate cause of death Myocardial manificiency Due to Antariocalization of Against May and May Due to Antariocalization of Myorathurane Due to Antariocalization of Myorathurane Due to May Due to May Due to May Due to May Due to Myorathurane Due to Myorath
12. Name Andrew Schickler 13. Birthplace GERMANY 14. Maiden name Cath Exine Scheuch 15. Birthplace Washington D.C. 16. Informant Hospital Records Address 17. Cremation Date thereof 5/3/48	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of

. min.	and that last sawh 1m alive on May 10 Immediate cause of death Mysicardial manfficiency	DURATIO / 4/6
******	Due to Arctarioscherole & Hypertusyre	10 ye
	Due to	
	Dther conditions	
	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged as	atistically,
8	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	• 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Where did injury occur?	
	Where did injury occur?	(State)

MAY 20 1948

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MAR	I UNFA
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	IE PLAINLY, WITH UNFADING INK. Supply every item of inf is especially important. Physicians: please write the causes of
9.45.15M	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of inf is especially important. Physicians: please write the causes of
VS A15	LEASE
January .	1

1	DEPARTMENT OF HEALTH (15192)
MIN No. G 116 JUN 10 1948 CERTIFICA	TE OF DEATH Reg. Dist. No. 211
1. PLACE OF DEATH: County City or town United States of County (If outside etty or twn limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death objected:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
3. (a) FULL NAME	3. (b) Social Security Number
6.(b) Name of husband or wife 6.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr. Oth 15 - 1860 8. AGE: Years Months Days If less than one day 87 (87) C: 29 hrs. min 9. 8irthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business Store + Brick	2D. DATE DF DEATH The description of the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22. I Death The date above stated; that I attended deceased from 22. I Secription of the date above stated; that I attended deceased from 22. I Secription of the date above stated; that I attended deceased from 22. I December 1. I Secription of the date above stated; that I attended deceased from 22. I December 1. I Secription of the date above stated; that I attended deceased from 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23. I Secription of the date above stated; that I attended deceased from 24. I Secription of the date above stated; that I attended deceased from 25. I Secription of the date above stated; that I attended deceased from 26. I Secription of the date above stated; that I attended deceased from 27. I Secription of the date above stated; that I attended deceased from 28. I Secription of the date above stated; that I attended deceased from 29. I Secription of the date above stated; that I attended deceased from 29. I Secription of the date above stated; that I attended deceased from 29. I Secription of the date above stated; that I attended deceased from 29. I Secription of the date above stated; that I attended deceased from 29. I Secription of the date above stated; that I attended deceased from 29. I Secription of the date above stated; that I attended deceased from 29. I Secription of the date above stated; that I attended deceased from 29. I Secription of the date above stated; that I attended deceased from 29. I Secription of the date above stated; that I attended deceased from 29. I Secription of the date above stated; that I secription of the date above stated; that I secription of the date above stated from the
12. Name Marian Proplete 13. Brimplace 14. Maiden name Mary Elling Submiden 15. Birthplace 16. Informaphero Colonia E Walking Address Monrovia production of the state of	Unclude pregnancy within 3 months of death) Major findings of operations. Date of op. Actoral results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemetery or crematory Survival White? Location Brown Address 19. Proceeding the State of the S	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work? 23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registra	Address Date signed

MAY 28 1948 BUREAU V. S.

MARGIN RESERVED FOR BINDING

LAINLY, WITH UNFADING INK. Supply every item of especially important. Physicians: please write the causes

PLEASE WRITE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1315

05188

CERTIFICATE OF DEATH

218

1. PLACE OF DEATH: Montg Co County			Md • URAL and give nearest town)	Redland Dem (If outside city or town timi	ounty Montg, Wood Rural, ts, write RURAL and give nearest town)
3. (a) FULL NAM	E				3. (b) Social Security Number
	Rober	t Har	vey Shreve	ATTACAS .	
4. Sex Male	5. Color or race White	6.(a)Single	, married, widowed, or divorced	MEDICAL C	terrification
6.(b) Name of husband T. Birth date of deceased (mo., day,		Lotti) If alive, give ageyear	21. I CERTIFY that death occurred on the date at 7 19 and that I last saw h. American alive on	bove stated; that I attended deceased from 19 4 8
8. AGE: Year 1883 6	5 Months 5 1 Harrisbu			-	Carditis DURATION
11. Industry or busines 12. Name	 Joshaway	. S Va,	hreve	Due to	ephitis
14. Maiden name 15. Birthplace 16. Informant	W.	Va, ne Lil		Major fiediogs of operations	Date of op.
Address 17	Burial n, or removal. Which the st Ernest Gaithe	Date there Jak C / Gs	of 5/13/48 Cuelling artner	22. VIOLENCE: If death was due to external can accident, suicide, or homicide	auses, fill in the following:

MAY 17 1948

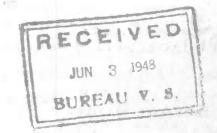
PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05193

CERTIFICAT	E OF DEATH Reg. Dist. No. 216
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Mongomery City or town Bethesda (If outside eity or town limits, write RURAL and give nesrest town) Street No. 7803 George to wn (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Abram B. Simon	3. (b) Social Security Number None
Male Scoor or race (6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH May 29 10.48 213 A. M
8. (b) Name of husband or wife Edna Simon 7. Birth date of deceased (mo., day, yr.) July 29, 1866 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Philadelphia Pennsylvania (Town, county, and state) 10. Usual occupation Pennsylvania Railroad 11. Industry or business 12. Name Abxam Simon 13. Birthplace Mont. Co., Pa.	21. I CERTIFY therefeath occurred on the date above stated; that I strended deceased from 19. Y. d. 19. Y. d
16. Informant Daughter, Mrs. Norris Justice Address 7803 George town Rd. Bethesda 17. Removal (Burial, cremation, or removal. Which?) Date thereof May 29, 1948 (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Security: Address Bethesda, Maryland 19. 5/3/ 1978 25/ 26/ 1978 Resistrar	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE M., D. or other Address Date signed 29/



(Date rec'd by registrar)

F HEALTH 940	05194	
АТН	Reg. Diat. No	114
ENCE (HOME) infants give residence of		
	ouety Montgomery	
lver Sprin	ng	
outside city or town lim	its, write RURAL and give near	rest town)
	ve LOCATION)	•••••
war		
	3. (b) Social Security ?	Number
MEDICAL O	CERTIFICATION	
Mar	1 18 1948	11:45An
ath occurred on the days	above stated; that I attended decea	sed from
1.	148 10 may	18 19 48
Associative on	may 18	19.9.8
death		DURATION
ronary	(Cromiozio	4 days

***************************************		\$> ** * * * > > * * * * * * * * * * * *

lude pregnancy within	3 months of death)	
erations	Date of op	
	bate of op	•••••••
underline the cause to	which death should he charged a	tatistically.
eath was due to external o	causes, fill in the following;	
homicide	Dafe of	
(City or town		(State)
, industry, public place		
	injured at work?	
Frank a.	Back m.D.	

(For newborn

28. SIGNATURE.

(If

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WRITE

PLEASE

age

MARYLAND STATE DEPARTMENT OF HEALTH

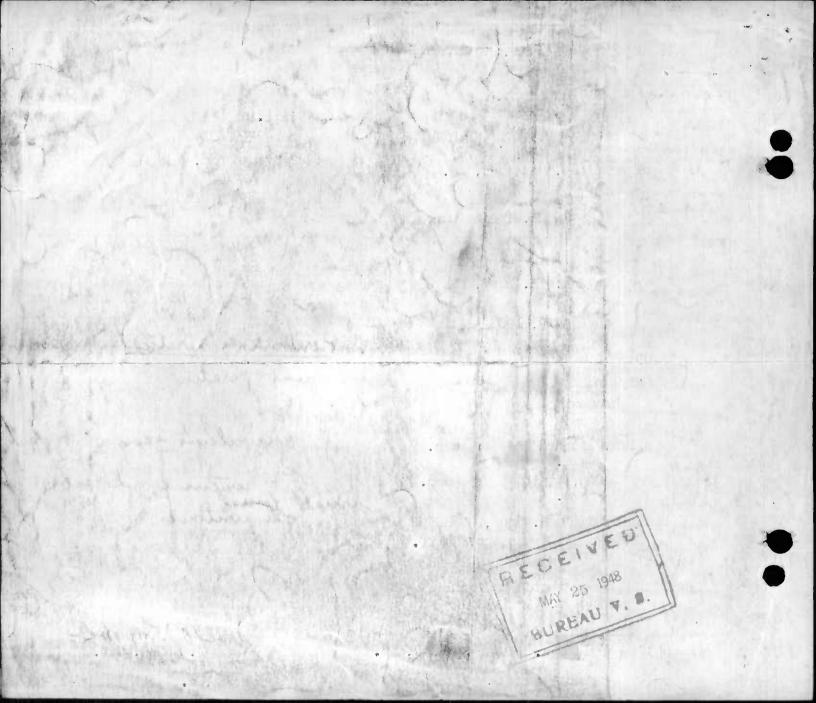
2411 N. Charles St., Baltimore

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U	0	600	1

CERTIFICATE OF DEATH

DI 216

./.		CERTIFICATION.	IL OI BEILLIA	Reg. Dist. No	
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of the second	F DECEASED:	
County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months, 1 day			State	s, write RURAL and give nea	rest town)
Hospital, institution, or US Nava	1 Hospital	, Bethesda, Md.	Street No. 8222 Gygax Road, (If rural, give		V
3. (a) FULL NAM	E	WOOD, Thelma Lorraine	13 B	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
female	W-US	married	20. DATE OF DEATH 22 May		. 6:15 P
6,(b) Name of husband 7. Birth date of	August	nes:B. Wood, CMM USN	21. I CERTIFY that death occurred on the date abo	ve slated; that I attended deces	1948
8. AGE: Years	71.7	Days II less than one day 3mrsmin.	Immediate ruse of pleath	iralized	DURATION .
9. Birthplace		county, and state)	Due to post operati	ių	
		ard dec.	Other conditions Convuler	m + coma	11 days
	GORDON, Va	Izetta dec.	(Include pregnancy within 3 r	mie adher	/11/48
		s B. Wood, CMM USN n Francisco, Calif.	Autopsy results		statistically.
17. buria (Burlal, cremation] n, or removal, Which?	Date thereof 5-25-18 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	
Cemetery or cremate	ory Arlingto	ington National n, Virginia	Where did Injury occur?		(State)
	WARNER PU	1.75-7	Means of Injury	Intered at works	
		Ave. Silver Springs, Md	Joseph J	LUSTA, Cdr.	MC USN
		Mary C. Patterson	23. SIGNATURE		5-22-48



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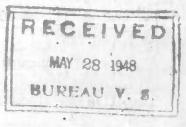
MARYLAND S'	TATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

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14	5

05209

			CERTIFICA	IE OF DEATH	Reg. Dist. No	
1. PLACE OF DEATH: County			ural)	2. USUAL RESIDENCE (HOME) (For newborn infants give residence) State 2 Shington Do Co.		
(If outsi	de city or town lin	24 d	RIIRAL and give nearest town)	City or town	nits, write RURAL and give nearer	st town)
How long in hospital or ins			24 days	2.(a) If veteran, name war		V
3. (a) FULL NAME			WILLIAMS, Aller	n George	3. (b) Social Security Nu	ımber
4. Sex 5.	Color or race		le, married, widowed, or divorced arried	MEDICAL 27 May	CERTIFICATION	3:19A
6.(b) Name of husband or v	VITE		Williams (c) If allve, give ageyears	21, I CERTIFY that death occurred on the date	above stated; that I attended decease	ed from
7. Birth date of deceased (mo., day, yr.)	June	14,	1/0/	and that I last saw h		DURATION
8. AGE: Years	Months 11	Days 13	If less than one dayhrsmin.	Tumor, Mixed, Ma		***************************************
9. Birthplace			d	Due to Due to Brancho pneur	moni a	
				(Include pregnancy within	3 months of death)	
				Major findings of operations Brain Multiformi Glioblasto	omaDate of opJar	
			Washington, D. 0.	PHYSICIAN. Please underline the cause to	which death should be charged sta causes, fill in the following:	
Location				Injured at home, farm, industry, public place	(where?)	
18. Funeral director	00 Chapin	St.;	N. W. Wash, D. O. O. C. attleson	23. SIGNATURE	ES, Cdr. MC USN.	other 5-27-48



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

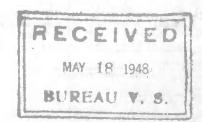
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05208

CERTIFICATE OF DEATH

Reg. Dist. No. 216

	Mont	gomery	(For newborn infants give residence of mother) Maryland State	de		
How long in above plea	ce of death?	esda (rural) hits, write RURAL and give nearest town) days	City or lown			
Hospital, Institution, or street address where deeth occurred: US Naval Hospital, Bathasda, Md.			Street No. 15 Jonqual Ste.			
		2 days	2.(a) If veteran, name war			
3. (a) FULL NAM	WEISS	BANG BOY MICHAE	3. (b) Social S	Security Number		
4. Sex	S. Celor or rece	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	ON		
male	W-US	single	20. DATE OF DEATH	9 48 at 10 P		
	••••••		21. I CERTIFY that death occurred on the date above etated; that I ette 10 May 19 48 to 12 end that I last eaw h im alive on 12 May. Immediate cause of death	May 19 48		
8. AGE: Yee	rs Months	Daye It lees than one day 2hrsmin.	Intracranial Hemorrhage	2 days		
Birthpiece Bethesda, Maryland (rural) (Town, county, and state) 10. Usual occupetion.			Due to			
		en Joseph	Dther conditions			
		a Mary	(Include pregnancy within 8 months of death) Major findings of operations.			
14. Maiden name. COOK, Elva Mary 15. Birthplace Australia 16. Informant Father: Stephen Joseph Weiss Address 15 Jonqual St., Indian Head, Md. 17. burial Stephen Sale thereof S-14-48 (Burial, cremation, or removal, Which?)			Autopsy results. Confirmed above PHYSICIAN: Please underline the cause to which death should be charged statistically.			
			22. VIOLENCE: 11 death was due to external causes, fill in the following Accident, suicide, or homicide	ot		
		n National	Where did injury occur?(City or town) (County)			
Locetion	rlington, V	2.	Injured at home, tarm, industry, pyblic place (where?)			
18. Funerel director.	W. W. CHA	MBERS / S	Meane of Injury Injured at w	rork?		
Address	Georgetown	D.C.	PAUL PETERSON, Car	ot. MC USN		
5-13	48 registrar)	Many C. aluson	USNH Bethesda, Md.	M. D. 050th1r3-48		
(Date let a b) l		*** And The Control of the Control o	MARIES 9	z c:Encd		



1 - 1 P. L. S. C. S.

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7	PARTMENT OF HEALTH	
age is shown and	E OF DEATH Rog. Dist. No. 216	
1. PLACE OF DEATH: 1 O MAY 24 1948 Montgomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Washington, D. C. County City or town (If outside city or town limits, write RURAL and give nearest town street No. 821 Eye St., N. E. (If rural, give LOCATION) 2.(a) If veteran name war. Sp.Am.	n)
3. (a) FULL NAME	3. (b) Social Security Number	
Eugene Dale SMITH 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH 15 May 19 18 12	
6.(b) Name of husband or wife Mary T. Smith 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) August 26, 1873	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from 14 May 19 48 to 15 May and that I last saw h im alive on 15 May	19. 48. 19. 48.
8. AGE: Years Months Days It less than one day 7 4 程 8 19		LIPS .
9. Birthplace	Due to Due to 5	
12. Name SMITH, William dec. Va.	Other conditions	ym
14. Maiden name CHEWNING, Elizabeth dec Va.	Major findings ol operations	
16. Informant Wife: Mrs. Mary T. Smith Address 824 Eye St., N. E., Wash., D.C.	Autopsy results	tly.
17 burial Date thereof 5-18-18 (Burial, cremstion, or removal. Which?) (month) (day) (year) Ft. Lincoln	Accident, suicide, or homicide	
Location Washington, D. C. 18. Funeral director DEAL FUNERAL HOME 10 Elizabel.	Injured at home, farm, Industry, public place (where?) Means of Injury Means of Injury	•••••
Address 816 H Street, NE, Wash, D.C.	23. SIGNATURE W. H. BOSWELL, Lt MC USN M. D. or other	
19. 5-15 19 48 Mary C. Patterson Registrar	USNH Bethesda, Md. Dale signed 5-1	5-48

PLEASE WRITE

RECEIVED

MAY 18 1948

BUREAU V. S.

5-17 (Date ree'd by registrar)

19.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Date signed.....

05193

CERTIFICATE OF DEATH

276

(8)			CERTIFICATI	L OI DENIII	Reg. Dist. No	
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of W.Va. Comparison of Charlest City or town (If outside eity or town limit Street No. (If rural, give 2.(a) It veteran, name war.	ouoly ton its, write RURAL and give ne DAC re LOCATION)	earest town)
			ett Clarc			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		CERTIFICATION	
male	W-US		married	20. DATE OF DEATH 16 May	y 1948	7:15 P
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	31	6.(. Smith c) It alive, give age years 7, 1885	21. I CERTIFY that death occurred on the date at 19 April 19 and that I last saw h IM alive on Immediata cause of death	16 May	y 19 48 19 48
8. AGE: Years	Months	Days 9	if less lhan one dayhrsmin.	Subacute Bacterial	Endocardi ti s	1 Apr.48
10. Usual occupation 11. Industry or busines: 12. NameSM 13. Birthplace	Sp.Assist. Veter TTH, Evere W.Va.	to As	st.Administrator ministration dec	Due to	S months of death)	
16. Informant Wife: Mrs. Jannet M. Smith Address 879 Chester Road, Charleston, W.Va. 17. burial Removal Date thereof May 17, 1948 (Burial, cremation, or removal, Which?) (mooth) (day) (year) Cemelery or crematory				Autopsy resalts confirmed PHYSICIAN: Please anderline the cause to	above	
			(month) (day) (year)	22. VIOLENCE: It death was due to external confident, suicide, or homicide	Date of	
Location	Ravenswo	od,W.Va		Injured at home, tarm, industry, public place (
1B. Funeral director	W. W. CHA	MBERS	W. 8.			
		St., N.	W., Wash, D.C.	23. SIGNATURE	RRETT, Cdr. MC	tusn) Mi
5-17 1, 48 Mary C. Patterson				USNH Bethesda,	Md.	or 5-17-48

Registrar



MARGIN RESERVED FOR BINDING PLEASE WRITE

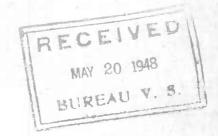
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()5197 Reg. Dist. No. 16

f	Tog. Dist. North
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1 10 - +1. /6 2 4	State Mary aged county Usou Aons Cry
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write AUIAL and the nearest town)
How long in above place of death?	
Sulveyan, Desputal	Street No. 630 Thomas Remarks, Street No. 630 Thomas Remarks Remarks (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs-Madeline S	onnemann None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white Married	20. DATE OF DEATH MALY 10, 1948, at 6 P. M
6.(b) Name of husband or wife	21. I CERTLEY that geath occurred on the date above stated; that f attended deceased from
	s Dy meserie Down case
7. Birth date of deceased (mo., day, yr.) December 18, 1885	and that I last saw n
8. AGE: Years Months Days If less than one day	Immediate cause of death
62 62 4 22hrsmin.	Chami Mashitis ?
s. Birthplace Brooklyn, New York (Town, county, and state)	Due to
Housewife	
III. USUAI UCCUPATIVIL	Due to
11. industry or business	- Cara is said and
12. Name Unknown Jones 13. Birthplace Unknown	Dther conditions
# 14 Maiden name Ellen A. Unknown	(Include pregnancy within 3 months of death)
14. Maiden name Ellen A. Unknown 15. Birthplace Unknown	Major fiodiogs of operations
16 Informant Mr. Theodore A. Sonnemann	- Date of op
Addres 6115 Brookville Rd., Ch. Ch., Md.	PHYSICIAN: Please uoderline the cause to which death should be charged statistically.
	22. VfOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof May 13, 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Johns Cemetery	Where did Injury occur? (City or town) (County) (State)
Location Frederick, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Of Kacebase Tesselphie	Means of Injury Injured at work?
Address Bethesda 14, Maryland	Frank J. Browhart M. J.
11 110 01. 3	23. SIGNATURE M. D. or other
19. 4/12 19 #8 Mm 6 Joles	



PLEASE WRITE PLAINLY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

H 1860 U5198 Reg. Dist. No. 246

1. PLACE OF DEATH: County MONAGO MULTU	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
City or town (If outside city or town limits, write RUTAL and give nearest town)	State Maryland County Mondgornery
(If outside city or cown limits, write RUIL and give nearest town)	City or town
Hospital, Institution, or street address where death occurred:	Street No. 115 (1) O. O. P. C. T. J. C. C.
Sulverion Jospila	(If rural, give LOCATION)
How long In hospital or institution?	2.(α) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.4) Single, married, widowed, or divorced	ern
Female white wistow	MEDICAL CERTIFICATION 20. DATE OF DEATH. MAY 10, 1948, 21 7 P.
6.(b) Name of husband or wife William P.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.48
7. Birth date of deceased (mo., day, yr.)	and that I last saw h.E.R. alive on 10 m. Co., 1848
8. AGE: Years Months Days tf less than one day	Immediate cause of death DURATION 2 Non
9. Birthplace Washington, O.C. (Town, eounty, and space) 10. Usual occupation. Housewall	Due to O Hypertenine heart 04 yrs diserse and C-V 32 hrs
11. Industry or business	1 Senility
E 12. Name John towler	Other conditions O captulacate 2 who
13. Birthplifor wash. O.C.	(Include pregnancy within 3 months of death)
14. Maiden name aroly prown	Major findings of operations.
16. Informant Mrs - Dorothy Germon	Autopsy results
Address Davie (daugletes) 17. (Burial, eremation, or removal, Which?) Date thereot. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemelery or crematory	Where did injury occur? (City or town) (County)/ (State)
18. Funeral director World F. Buchs Sous	Injured at home, tarm, Industry, public place (where?) Mesons of Injury Slipped on Floor > Felanjured at work?
Address Sf34 m Sf. R. T. Zosh. O.C.	23. SIGNATURE Seebert Martin & MS
19. (Date rec'd by registrar)	Address 1332 Mass-Cure MDD, or other) Address 1332 Mass-Cure Date signed 10 mmy4

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MAY 13 1948

BUREAU V. S.

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CLAN NO. G 11 5 JUN - 2 1948 CERTIFICATE OF DEATH

Evidence for change of

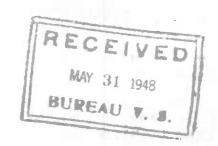
Reg. Dist. No. 2//

5.400	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant rive residence of mother)
County	State maryland County mondamery
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 3 years	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Joseph Thomas and	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE DE DEATH May 18 1948 21 4:40 A:M
Ols Waddell Underwood	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(6) Name of husband or wife	Filmory 25/ 1947, 10 May 18 1948
7. Birth date of	and that I last saw of 12 alive on 1949 12
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death June Mally is of livings. DURATION
8. AGE: Years Months Days If less than one day S	10yeas.
1 OT	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation. Laborer	
11, industry or business	Due to
12. Name 12. Name 13. Birthplace 2. Terrestel	Diher conditions
13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
15. Birthplace Tennessel	Date of op
16. Informant And All	Autopsy results
Address morrovia, maryland	PHYStCtAN: Please underline the cause to which death should he charged statistically.
100 magan1906	22. VtOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory (Saftus) Koem	Where did injury occur?
Location Susbon and	injured at home, farm, industry, public place (where?)
A. B. Beall, donc.	Means of Injury Injured at work?
18. Funeral director	$O_{\mathcal{V}}$
Address d'amaasles and	23. SIGNATURE James J. Kerr M. R
19. May 2 8 19. 48 Allla (W. Burdella (Date rec'd by registrar)	Address Vandracus M. D. or other M. D. or other Date signed 5/18/45



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•	INLY,
9-45-15M	WRITE PEAIN
VS Alb	PLEASE

Evidence for change of MARYLAND STATE DE FILM No. 6 1 1 6 JUL 16 1948 CERTIFICAT	eo St., Baltimore
1. PLACE OF DEATH: Montgomery County Damascus MD. City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County Montgomery City or town Damascus MD. (If outside city or town limito, write RURAL ond give nearest town)
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed William R. Unglesbee	MEDICAL CERTIFICATION 20. DATE DF DEATH. May 7.6.1.19.45. at 3:00 P: M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 77 4 6 hrs. min. 9. Birthplace	and that last saw h.E.P. alive on May 7.3 19 48. Immediate cause of death 9. Execution from the disciple of Dynation 6 0.04%. Due to Differ conditions (Include pregnancy within 3 months of death)
Maryland 15. Birthpiace Maryland	Major fiediogs of operations. Date of op. Autopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically. Solution and the control of the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
Location Roy W. Barber 18. Funeral director Laytonsville, MD. 19. Oncu 2.7 19.48 Uella W. Burdttt (Date ree'd by Agistrar) 19. Registrar	Injured at home, tarm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or other Address Date signed 5 177 47



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICATE OF DEATH	
1. PLACE OF DEATH: County 21 Counting of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Faccale White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19 48 at 1 9 A.M.
8. (b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 10
13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Surviva 18. Burial, cremation, or removal. Which 19. Cemetery or crematory 18. Funeral director B. Saugaus Gyr Societ Address 350/-/4/PStresh Wash. D. C. 19. Way 46 19. 48 Darphurou Ochyelle	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

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MAY 28 1948 .

BUREAU V. S.

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore



(15202 Div. No. 2/2

CERTIFICATE OF DEATH

	Reg. Diat. No.	
1. PLACE OF DEATH. County County City or town. (It outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Simma Firques Wash	2. USUAL RESIDENCE (HOME) OF DECEASED: (For suborn infants give residence of mother) State County City or town (if outside tity or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number	
4. Sex 4. Sex female 5. Color or race 6.(a) Single, married, widowed, or divorced manual 6.(b) Name of husband or wife 6.(c) If alive, give age 7. Birth date of	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that i dended deceased from 18 10 10 19 19 and that I last saw h	y8 y8
8. AGE: Years Months Days liftess than one day	Immediate cause of death DURA Comela O Alessas 2 96	ATION
9. Birthplace	Due to	
14. Maiden name Many Vinginia Coster 15. Birthplace Jordan Co., La 16. Informant Ruth Compher	(Include pregnancy within 3 months of death) Major findings of operations	
Address 46 W. Patrick & Trederich, Ing. But al Date thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Bullesielles Missing	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address Barnesville md.	23. SIGNATURE William C. Miller, M.D.	
19. May 2/ 19 H 8 Mrs. C. C. Helton (Date rec'dy) registrar) Br. mrs. to 6 Megistrar	Address gaithershing My Date signed 5/19/3	48

RECEIVED MAY 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

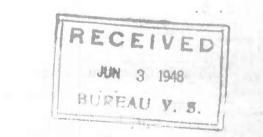
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

	_
1. PLACE OF DEATH:	.2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	
City or town	State D. Co. County Washington
(If outside city or town limits, write KUKAL and give nearest	City or town
How long in above place of death? 1 day	Street No. 442 Newton Place, N. W.
Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, M	Id. Street No. 442 New Boll Flage, N. W. (If rural, give LOCATION)
l day	UM TT
Now long to nospitat or institution?	2.(d) ti veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Fred WADE	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divo	MEDICAL CERTIFICATION
male Col. married	20. DATE OF DEATH 29 May 19 48 at 12:05
S.(b) Name of husband or wife Mrs. Marjorie Helen W	28 May 19 48 to 29 May 19 44
7. Birth date of deceased (mo., day, yr.) February 26, 1918	
8. AGE: Years Months Days if less than one day	Immediate cause of death OURATION
o. AGE:	Pulmmy Conjection 3 da
30 3 3hrs	(maine)
9. Birthplace S. C. (Town, county, and atate)	Due to It y purlenine Condin Passily 5 yr
(Town, county, and atate)	Relie dinese.
10. Usual occupation	Que to
11, industry or business	
	Other conditions Banch, Immunica
E	U U
2 13. Birthpiace 5.0.	(Include pregnancy within 3 months of death)
置 14. Maiden name BYRD, Hattie	Major fiediogs of operations.
14. Maiden name BYRD, Hattie S.C.	Date of op.
16. Informant wife: Mrs. Marjorie H. Wade	Actors results Same as above.
	DIVERGIAM Disease and allow the second to which doubt should be charged statistically
Address 442 Newton Pl., N.W., Wash., D.C.	an WIGIFNCE, 14 death was due to external course till in the following:
17. burial Gurial, cremation, or removal, Which?) Bate thereof. G-2-Y (month) (day)	(year) Accident, suicide, or homicide,
Cemetery or crematory Arlington National Cemete	
Location Arlington, Virginia	Injured at home, farm, Industry, public place (where?)
	Means of Injury
18. Funeral directorW. Ernest Jarvis	DE19 llinos MM
Address 1432 U St., NW, Wash. D.C.	D. E. BILLMAN, Lt. JG MC USN
5-29 US Mary C. Patterso	23. SIGNATURE
19. 5-29 19. Marry C. Patterso	Name and National Nat
(Date icc d by registrat)	Addit Coo.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	The state of the s
1. PLACE OF DEATH: county Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town) imits, write RURAL and give nearest town)	State Maryland county Montgonsony
How long in above place of death?	(If outside city or town limits, white RURAL and give nearest town)
Hospital, Institution, or street address where death occupied:	Streel Ho. 7 Connecticut alex
1 somecticut sive.	(If rural, give LOCATION)
Now long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war.
William Frederick	Walker 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. May 18 19.48, at 6 P. N
8.(b) Name of huoband or wille glannotte E. Walker	21. I CERUFY Ihal death occurred on the date above stated; that I attended deceased from
	Mugust 1 19.39 10 May 18 19.48
7. Birth dale of deceased (mo., day, yr.) May 19 18 77	and that I last (a) h Amalive on Many 19 19 7 3
8. AGE: Years Months Days If less than one day	Mremia 1wk
70 11 29min.	
9. Birthplace Washington, FoC	Due 10 Cardio - vasculas - over
10. Usual occupation Sult Metal Morfaler	renal disease 10 yrs
11. Industry or business Wetered bast 1 years	Due Io
	Other conditions artheritis deformans 9 yrs
12. Name John Walker To.C	
	(Include pregnancy within 3 months of death)
14. Maiden name Conisal Winter 15. Birthplace Washington Co.	Major findings of operations.
16. Informant Mrs. You. A. Walker	Autopsy results.
Address 7 Com. Dec. Kensington M.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial (Burial, cremation, or removal, Which?) Date thereof May 21, 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Rockville Union Cemetery	Where did injury occur? (City or town) (County) (State)
Location Rockville, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Land Telebring Telebring	Means of injury Injured at work?
Address Bethesda 14, Maryland	Katharina A. Mahuran Wife
" 5//20/ " 48 mo 6 0/1	23. SIGNATURE Mest Baltimore St. M. D. or other
(Dade rec'd by registrar)	Address A Constitution Md Dale signed 3 1848



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

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Des Diet No 2

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomens	(For newborn infante give residence of mother)
The state of the s	State Maryland County Montgomers
City or inwn	City or town
How long in above place of death? 4 months	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5506-Charles St.
	(If rurol, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, neme wer
3. (a) FULL NAME marginet & Martin	3. (b) Social Security Number
4. Sex 5. Color or race 6.42) Single, married, will owed, or divorced	MEDICAL CERTIFICATION
Female white widowed	2D. DATE OF DEATH 2004 3 1948 et 9:40PM
	21. I CERTIFY that deeth occurred on the date above efeted; that I attended deceased from
6.(6) Name of husbend or wife	71. 15. 10 11. 11. 11. 11. 11. 11. 11. 11. 11.
	and that I lest sew h alive on 41.00 3. 1998
7. Birth dete of deceased (mo., day, yr.) april 19, 1872	
8. AGE: Years Mont/s Days If lese than one day	Immediate cause of death adeno Carcino DURATION
H1 6 14 M. hrsmi	97 Maria of James James
300 1.011	
9. Birthpiace Muladuphia (Company and state)	Oue to
10 Heart occupation house Reeker	
10. Usuat occupation	Due to
11. Industry of business	
# 12. Name: ? Myon	Dither conditions
12. Name: 12. Name: Prelande	
K The bound	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiedings of operations Caretanna of James as
15. Birthplace	with wests stores to Date of on Glean 9, 1948
16. Informant Price J. Walters	Autopsy results
- Cl. landt Roth	HYSICIAN: Please noderline the cause to which death should be charged statistically.
Address 5 506 - Charles at Bulle	22. VIOLENCE: If deeth was due to external causes, fill in the following:
17. Bureal Dete thereof May 6. 194	Accident, suicide, or homicide
(Burini, cremation, or removal Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Suttand Mai	injured at home. farm, industry, public place (where?)
18. Funeral director, Wasse J. Malley.	Means of Injury Injured at work?
da a DA Ma met Ray una	med is a constant
Address 3200 - 11. F. W. Manuer	23. SIGNATURE Salvey & Coulina Elix.
V 10 5.3-48 19 1 (E)	M. D. or other
(Date rec'd by registrar) Registra	at Addres 3 921 - Lugoman At 400 bate signed ling 8 1948

Jobes 512: Maple Bish

RECEIVED

MAY 6 1948

BUREAU V. S.

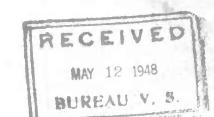
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 2411 N. Charles St., Baltimore

(152116) Reg. Dist. No. 2/8

1	1. PLACE OF BEATH)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	County Resoul	State Mangland County Monty
	Cily or town (If outside city or town limits, write RURAL and give nearest town)	
	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Hospital, institution, or street address where death occurred:	Street No
		(If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veleran, name war Spanner h - World War 1 and 2
	3. (a) FULL NAME Park Milburn (A	3. (b) Social Security Number
	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	male white married	20. DATE OF DEATH. May 7 19 44 21 4:45 74. N
	2 . 01 5	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	6.(6) Name of husband or wite 2 1 ly Landia Ward.	
		Def med Irlem 10 case 19
	7. Birth date of deceased (mo., day, yr.) Sept 16 1883	and that I last saw halive on
	8. AGE: Years Months Days If less than one day	Immediate cause of death
	6 × 7 2/hrsmin.	Coronary pechision the
	IM a · land	f and
	9. Birthplace (Town, county, and state)	Due to
	10. Usual occupation Cartagony Commander	J.
	11. industry or business Merchan Marines	Oue to
		Colum Dalinai 2 Just
	12. Name Transfer Ward 13. Birthplace Wood	Other conditions
		(Include pregnancy within 3 months of death)
	14. Maiden name Jose aclanus Tollows 15. Birthplace	Major findings of aperations
	S 15. Birthplace Such -	Date of op.
	16. informant Evelyn C Ward	Aptopsy results
	10. months	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	Address Termantown May 14-1	22. VIOLENCE: If death was due to external causes, fill in the following:
	(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
	Chief Profined Poline	Where did injury occur? (City or town) (County) (State)
	Cemetery or crematory.	
	Location Clistantion	Injured at home, farm, Industry, public place (where?)
	18. Funeral director Fruers & Failur.	Msens of injury injured at work?
	Address Laithersbury red	Thank J. Brownant M. S.
	- 00 1 00/0	23. SIGNATURE. M. D. or other
	19 May 9 1948 abrida Thorte Registrar	10 0
	(Date rec'd by registrar) Registrar	Address of Caral Folia Records Date signed



WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legib

PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Keg. Dist. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many County Municipal County (If outside city a town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Benjamin Franklin Watkins	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White marrial	20. DATE OF DEATH. N 24 27 1948 21 1143 A.M
6.(6) Name of Australia or wife FDR - MODRE - WRTKINS 6.(c) It alive, give age years 7. Sirth date of decreased (mo. day vr.) Dec. 31. 1872	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46, to M94, 2.7, 19.48 and that I last saw h. Max. alive on M94, 2.7, 19.48
8. AGE: Years Months Days If less than one day 4 97hrsmin.	Immediate cause of death Duration 2 days
9. 8irthplace KemPER-COUNTY-Miss (Town, county, and state)	Due to Carterio - Selevoses ?
1D. Usual occupation BLIED FR - RETIRED	Due to
12. Name Seorge Washing Top	Dther conditions
14. Maiden name CRROLINE KNOPP 15. Birthplace Miss	Major findings of operations.
D / 1 3 1 3 0 4 / 1	Date ot op
16. Intermant ODELLE D. BROWN Address 1012 RIDGE DRIVE BROOKMONT	Antopsy results
17. Burlet May-29-48 (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory NATL Me MORIAL PARK	Where did injury occur?
Location FALAS Charken	Injured al home, farm, industry, public place (where?)
18. Funeral director 11. 11. Completes Co.	Meens of Injury Injured at work?
Address 3072-11-12.11.	23. SIGNATURE Size 9. Tursa W. D. or other
19	Address Date signed May 27 1948

